PRINTED: 07/24/2008 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER R C M OF WASHINGTON STREET ADDRESS, CITY. STATE. ZIP CODE 4318 ALABAMA AVE, SE WASHINGTON, DC 20019 (X4) ID PREFIX TAG STREET ADDRESS, CITY. STATE. ZIP CODE 4318 ALABAMA AVE, SE WASHINGTON, DC 20019 PROVIDERS PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	27/2008 COMPLETION DATE
NAME OF PROVIDER OR SUPPLIER R C M OF WASHINGTON STREET ADDRESS, CITY. 8TATE. ZIP CODE 4316 ALABAMA AVE, SE WASHINGTON, DC 20019 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) STREET ADDRESS, CITY. 8TATE. ZIP CODE 4316 ALABAMA AVE, SE WASHINGTON, DC 20019 PROVIDERS PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETION
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE	
A recertification survey was conducted from June 24, 2008 through June 27, 2008. The survey was initiated using the fundamental survey process. A random eample of two clients was selected from a resident population of four men with various disabilities. In addition, a focused review was conducted of a third client's behavior management needs. The findings of the survey were based on observations, interviews with clients, interviews with staff in the home and at two day programs, as well as a raylew of client and administrative records, including incident reports. The determination was made that the facility was not in compliance with the Condition of Participation in Client Protections. W 104 483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by; Based on observations, staff interviews and record review, the facility's governing body provided general operating direction. except in the following areas: The findings include: 1. Cross-refer to W120, W159 and W436. There was no evidence that the governing body had established an effective quality assurance system to ensure that clients received appropriate and necessary supports and services or the home and through outside serviced proprietes in the home and through outside serviced proprietes and necessary supports and services so the home and through outside serviced proprietes and necessary supports and services so the home and through outside serviced propriete and necessary supports and services so the home and through outside serviced proprietes for the home and through outside serviced proprietes and necessary supports and services propriete and necessary supports and services so the home and through outside serviced proprietes and necessary supports and services so the home and throug	
ABORATORY DIA ECTOR S CA PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE	(X4) DATE

Any deficiency statement ending with an asterisk (v) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients) (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED		
		09G065	B. WI	4G _		06/27	/2008
	ROVIDER OR SUPPLIER F WASHINGTON		STREET ADDRESS, CITY, STATE, ZIF CODE 4316 ALABAMA AVE, SE WASHINGTON, DC 20019				
(X4) ID PREFIX TAC	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	ULD BE	(XS) COMPLETION DATE
W 120	programs and dem 2. Cross-refer to verified to ensure that investigations had in accordance with 483.410(d)(3) SEF OUTSIDE SOURCE The facility must a meet the needs of This STANDARD A. Based on observecord review, the monitor each cliented.	value of the two clients in the		120	The Qmrp was trained by the Incider Coordinator on the internal investigat Refer to attachment # 1a Furthermore, the Qmrp is scheduled Management training with DDS on Refer to attachment # 1b In the future the governing body will the person conductiong the investigate received appropriate training in according the facility policies.	ion. for the Incide ensure that tion has	7-15-08
	presented his lund which included slid bread, ground tost sauce, fruit cockta the client had finis sandwich. The turthe bread while the threshold while the sandwich. Us turkey from the bread taking the program nurse arrhis lunch. She inchis sandwiches withey are cut. She occasion refuse to	de: 208, at 12:06 PM, Client #1 was the plate at the day program the turkey on whole wheat seed salad, peas in a cream til and beverages. At 12:14 PM, when the eating about 50% of the rivey was observed sliding out of the client continued to bite into ing his fingers, he removed the ead, put it in his mouth and bites of turkey. The day rived while the client was eating dicated that Client #1 enjoyed whole and will get angry when also indicated that he will on the client was a fork. At 12:16 PM, the ead to cough several times. After			Individual # 1 was relocated to anot 7-03-08; however his new Qmrp will the day program provides the adequative (2) times weekly or as needed d monitor the mealtime protocol in admonthly monitoring starting Additionnally, the Qmrp will train the nurse and staff on individual #1 diet Refer to attachment #2 In the future the facility will ensure the program provides individual #1 diet in the future the facility will ensure the program provides individual #1 diet in the facility will ensure the	ensure that late services to the day pro- uring mealtim dition to the day progran to the hat the day progran to the hat the day	o gram e to 7-31-08 7-31-08

STATEMENT OF DEFICIENCIES (X1) PROVIDEN/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED		
		09G065	B. WI	VG _		06/27	/2008
	ROMDER OR SUPPLIER F WASHINGTON			4	REET ADDRESS, CITY, STATE, ZIP CODE 1316 ALABAMA AVE, SE WASHINGTON, DC 20019		`
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(XS) COMPLETION DATE
W 120	several pieces of then coughed sevinterview with the prescribed a medidiet (ground meat There was no evic provided Client #1 prescribed. 2. Cross-refer to adaptive equipments day program. a. On June 25, 2 lunch was served Styrofoam plate a difficulty eating wite teaspoon. He resent to adaptive equipments with the was specialized adapted and program. Into indicated no specialized adapted to On June 25, 2008 Occupational The 2008, included reand the Dycem most the survey, the use in the home in the home in the home in the was present th	al at 12:26 PM, the client spit fruit cocktail onto the floor and eral times more. Further nurse revealed that he was hanical soft, low fat, high fiber is - moist with low fat gravy). Hence that the day program with ground meat, as W484. Client #1's prescribed nt was not available for use at 008, at 12:06 PM, Client #1's at the day program on a nd with a plastic fork. He had the fork, as well as a plastic forted to eating with his hands. Styrofoam plate slid across the seating. There was no live equipment being used at the erview with day program staff lialized eating equipment had the day program for the client. A, review of Client #1's erapy (OT) assessment, April 5, commendations for Hi-Lo plate lat to prevent sliding. At the time Dycem mat was available for out not at the day program. 008, beginning at approximately of Client #1's Individual Support November 21, 2007, revealed cribed "a plate guard and a aller bowl to prevent overloading ng mealtime." To date, the		120	The Qmrp has ordered individual # equipment on. These adaptive equipment were produced individual equipment on. These adaptive equipment were produced individual equipment on. These adaptive equipment were produced individual # equipment on. These adaptive equipment were produced individual # equipment on. These adaptive equipment were produced individual # equipment on.	# 1 adaptive	7-24-08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			COMPLETED	
		09G065	B, WI	1G _		06/27	7/2008
	ROVIDER OR SUPPLIER WASHINGTON		STREET ADDRESS, CITY, STATE ZIP CODE 4316 ALABAMA AVE, SE WASHINGTON, DC 20019				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORR PREFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE AF DEFICIENCY)		uld be j	COMPLETION DATE
W 120	facility had not pure bowl and built-up had B. Based on staff if the facility failed to client's derital servi-	chased a spoon with a smaller andle for use at day program. Interview and record review, effectively monitor each ces to ensure that needs were clients in the sample. (Client	W	120			
W 122	#2's dental records 10, 2007, the denti- was fractured and returned to the den- had his teeth clean- no mention of the S assessment of tool QMRP nor the LPN of Tooth #9. The L she would check w there had been a p authorization from insurance). 483.420 CLIENT P	sure that specific client	. w		The follow up visit is scheduled for 9 In the future, the LPN Coordinator, a will attach a copy of the previous vis to ensure that the dentist reviews the the last visit with the previous recomm	nd Qmrp it consult record of	
	The facility failed the implement policies neglect and ensure mealtime and medifailed to ensure that	is not met as evidenced by: se facility failed to establish and and procedures to prevent clients' safety during cation administration [W149]; t all incidents were sons who had received training					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(XZ) MULT A. BUILDIN	iple construction NG	(X3) DATE SU COMPLE				
		09G06 5	B. WING_	·	06/27/2008			
	ROVIDER OR SUPPLIER WASHINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 4316 ALABAMA AVE, SE WASHINGTON, DC 20019					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	9HOULD BE	COMPLETION DATE		
W 122	the incident manag health and safety [\$ implement Client #; Diary, to include all W159.2]. The effects of these	hniques, in accordance with ement policy, to protect client See W149]; and failed to 2's physician order for Food nutritional intake [See esystemic practices results in cility to ensure the clients'	W 122	Refer to W149 P.5 & 6 (A. Refer to W 159.2 P 14	8 2)	7-31-08		
W 149	483.420(d)(1) STAI CLIENTS The facility must de policies and proced	FF TREATMENT OF	W 149	のでは、 ・ では、 ・				
	Based on observeriew, the facility famplement policies neglect and ensure clients in the sample. A. The facility faller	s not met as evidenced by: ration, interview and record alled to establish and and procedures to prevent clients' safety for two of two e. (Clients #1 and #2) d to ensure that dietary ve equipment were provided						
	as prescribed to pro as evidence below: 1. The QMRP and unaware of Client # asplration.	the LPN Coordinator were		Refer to W 120 (1, 2) P.2 P.3				
į	Qualified Mental Re (QMRP) and the LF Client #1 was not k	at 8:44 AM, interview with the etardation Professional PN Coordinator indicated that nown to be at risk of ated that his meats were to be						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		09G065	B. WING_		06/27/2008		
	ROVIDER OR SUPPLIER F WASHINGTON		4	REET ADDRESS. CITY, STATE, ZIP CODI 1316 ALABAMA AVE, SE VASHINGTON, DC 20019			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(XS) COMPLETION DATE	
W 149	the swallowing pro any teeth to chew approximately 12: Individual Support 21, 2007, revealed monitoring for pac must sip rather the aspiration." The co- June 2008 did not the diet order was low fat, high fiber low fat gravy)." 2. Client #1's pre- implemented at hi On June 25, 2008 presented his lund which included slip bread, ground tos sauce, fruit cockta the client had finite sandwich. The tu- the sandwich. Us turkey from the br continued taking to program nurse and his lunch. She ind his sandwiches we they are cut. She occasion refuse to client was observed completing his me several pieces of then coughed sev- interview with the	ith gravy added "to be secure in ocess, since he doesn't have "Later that day, however, at 16 PM, review of the client's Plan (ISP), dated November of the following "I require the while eating and drinking. I can gulp, due to risk of client's physician's orders for reflect "finely chopped. Instead, as follows: "mechanical soft, diet, ground meats (moist with scribed dietary texture was not	W 149	All staff were inserviced on individ Refer to attachment # 3 In the future, the facility will ensurprovided as prescribed. Individual # 1 was relocated to a 7-03-08; however his new Qmrp with day program provides the ade individual #1. The Qmrp will report two (2) times weekly or as needed monitor the mealtime protocol in monthly monitoring starting additionnally, the Qmrp will train thurse and staff on individual #1 direction attachment #2. In the future the facility will ensure program provides individual #1 directions.	nother residence will ensure that quate services into the day produced during mealting addition to the day programmet at that the day	e on o gram he to 7-31-08	

	of deficiencies F correction	IDENTIFICATION NUMBER:	A. BUI		G	COMPLET	
		09G065	B. WIN	IG	····	06/27	/2008
	ROVIDER OR SUPPLIER WASHINGTON			43	EET ADDRESS, CITY, STATE, ZIP CODE 316 ALABAMA AVE, SE /ASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(XS) COMPLETION DATE
W 149	There was no evic provided Client #1 prescribed. 3. Client #1's present available for use of a the day and with a plastic with the fork, as we resorted to eating the Styrofoam pla was eating. There equipment being a laterview with day	s - moist with low fat gravy). lence that the day program with ground meat, as scribed adaptive equipment was se at his day program. , at 12:06 PM, his lunch was program on a Styrofoam plate fork. He had difficulty eating rell as a plastic teaspoon. He with his hands. At 12:11 PM, te slid across the table while he a was no specialized adaptive used at the day program. program staff indicated no equipment had been provided	W	149	The Qmrp has ordered individual # : equipment on. These adaptive equipment were pro day program		7-24-08 7-29-08
	Occupational The 2008, in which the observed Client # his face down clor indicated that the informed him that when eating with update included nand the Dycem mof the survey, the use in the home but the home or at his the home or at his				The Qmrp has ordered individual # equipment These adaptive equipment were proday program The Qmrp has ordered individual # equipment on. These adaptive equipment were proday program	vided to the	7-24-08 7-29-08 7-24-08 7-29-08
		, beginning at approximately of Client #1's Individual Support					

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDII	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		09G065	B. WING_		06/2	7/2008
	PROVIDER OR SUPPLIER F WASHINGTON		1 '	TREET ADDRESS, CITY, STATE. ZIP CODE 4316 ALABAMA AVE, SE WASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IQULD BE	(X5) COMPLETION DATE
W 149	Plan (ISP), dated N that he was prescrii spoon with a smalle of his utensil during facility had not pure bowl for use in the language assessme 2004 report indicate within normal range however, had not be was unable to tolera been comprehensive that Conducted an L January 2008, reviered all swallow pureed diet currentil	lovember 21, 2007, revealed bed "a plate guard and a provent overloading a meaitime." To date, the chased spoons with smaller home and at day program. If to verify that Client #1 and swallow study while that 2008 and to obtain the provent are client's record. If the client's revealed that Client #1 had with pneumonia in January June 2008. At approximately with the incident Management revealed that although Client revealed that although Client revealed that although Client evelop pneumonia," he was applications regarding his the most recent speech ent was dated January 15, which is the most recent speech ent was dated January 15, which is the oral phase was entire the oral phase was entire the oral phase was even viewed because the client ate the position required for sessment, therefore, had not the condition of the hospital discharge and 30, 2008, revealed: "He has evaluations and is eating a ly with advancement as the client and the position and is eating a ly with advancement as the client and the position and is eating a ly with advancement as the client and the provided in the position and is eating a ly with advancement as the client and the provided in the position and is eating a ly with advancement as the provided in the position and is eating a ly with advancement as the provided in the provide	W 149	The Qmrp has ordered individual equipment on These adaptive equipment were play program Individual # 1 former nurse will common the second program and the second program are second program. Individual # 1 former nurse will common the second program are secon	provided to the	7-29-08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) FROMDER/SUPPLIER/CLIA (X2) IDENTIFICATION NUMBER:			PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		09G065	B. WIN	NG _		06/27	/2008
	ROVIDER OR SUPPLIER F WASHINGTON			4	REET ADDRESS, CITY, STATE, ZIP CODE 316 ALABAMA AVE, SE VASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	OULD BE	(205) COMPLETION DATE
W 149	facility sought to o swallow studies the while he was hosp addition, it was un assessed the clier other than pureed meant by "full diet." 6. Client #2's presimplemented in the According to Client attended June 1, 200 chopped." On Juli four clients were gurkey bacon with however, remained finely chopped. Tacility ensured the served finely chopsed. B. The facility fail	ealed no evidence that the btain a copy of report(s) of any at may have been conducted bitalized in January 2008. In clear whether the hospital had nt's tolerance of food textures and had defined what they ."	W		All staff were inserviced on individu Refer to attachment #4 In the future, the facility will ensure #2's diet is implemented as prescribe	e that individu	7-31-08 al
	On June 24, 2008 person reported to antibiotics" just me nurse reportedly hals record. This was person, the nurse were "considering". The QMRP and interviewed later to AM. Client #2 reported to the person of the				The LPN Coordinator spoke with the obtained an order for data collectio # 2's medication tolerance for one determine if individual#2 has swallow The medication nurses were inservice any incident of difficulty swallowing Refer to attachment #5 In the future, the nursing department the physicain is informed of all the producing the medication pass.	n on individua week to ving difficulty. ed on reportir medication. nt will ensure	7-28-08 Ig 7-31-08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLUA IDENTIFICATION NUMBER:		(X2) MU A. BUILI	ILTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		09G065	B. WING	3 <u></u>	06/2	7/2008
	ROVIDER OR SUPPLIER F WASHINGTON			STREET ADDRESS, CITY, STATE, ZIP COD 4316 ALABAMA AVE, SE WASHINGTON, DC 20019		<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	FROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AID DEFICIENCY)	HOULD BE	COMPLETION DATE
W 149	antibiotic pills, white pill, rnight have "a later both she and "tolerates the chew complained. The boils on his legs. for a similar eruption. The first boils had appeared in June. LPN Coordinator It were being conside evidence that the gidentified as a con 2. On June 26, 20 review of Client #2 revealed numerou difficulties with the found of antibiotic 4/5/08 7AM - "Toindividual vomited 4/5/08 7PM - "Refi Accept and swallo No vomiting report 4/6/08 7AM - "Too in pieces." 4/7/08 6:40 PM - "his antibiotics, he pure his Augmentin apple cause one half" There were additionable further review of the different shifts had	ch were larger than a typical nasty taste." Yet, moments QMRP stated that the client wing, taste" and had not antibiotics were prescribed for They reported he was treated on on his legs in April 2008. It cleared but new ones Neither the QMRP nor the adicated that liquid medications ered and there was no pagging/ vorniting had been cem. O8, beginning at 2:24 PM, Its Nurse Progress Notes antibiotic pills during the first treatment in April, as follows; sock AM meds. Staff reported out after taking meds" Is sed to swallow whole pills. We pills broken down in pieces. ed." It all meds when broken down while meds when broken down and Bactrim" In having trouble swallowing is causing him to gag, pills given at a time after breaking in nal nurse progress notes from the index of the pills into nurses broke the pills into	W 14	The LPN Coordinator spoke with obtained an order for data collec. # 2's medication tolerance for ordetermine if individual #2 has swall. The medication nurses were inser any incident of difficulty swallowing Refer to attachment #5. In the future, the nursing departs the physicain is informed of all the during the medication pass.	tion on individune week to lowing difficulty viced on reporting medication.	7-28-08 ng 7-31-08

MATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A BUI		G	COMPLETED		
		09G065	B, WI	۱G_	<u> </u>	06/27	7/2008
	ROVIDER OR SUPPLIER WASHINGTON			4	EET ADDRESS, CITY, STATE, ZIP CODE 316 ALABAMA AVE, SE VASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	YEMEN'T OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULDBE	(X5) COMPLETION DATE
W 149	#2's April 11, 2008 medical team rever distress caused by discussed at their r primary care physic 2008 and June 4, 2	iew of a summary of Client "Medication Review" by his aled no indication that the the antibiotic pills had been neeting. Review of the client's cian (PCP) notes, dated May 7, 2008, showed no evidence that made aware of the gagging	W	1	The medication nurses were inservice any incident of difficulty ingesting med to the nursing team, and the PCP on a manner for appropriate intervention.	dication	7-31-08
	in June 2008. Acc Administration Red Bactrim at 7 PM or on June 24th. The facility established communication wit timely response to (i.e. vomiting pills), information to the p	t recent episode of boils began ording to his Medication ord, he began receiving a June 20, 2008. He vomited re was no evidence that the an effective means of hin the nursing team, to ensure the client's medical concems to include conveying relevant orimary care physician.			The designated nurse will monitor the nurses bi-weekly to ensure that that nurses administer the medications as The qmrp will communicate with the coordinator on a daily basis to follow the	the medicati ordered.	on 7-31-08 7-31-08
	effectively monitors tolerance. II. Based on intervirual facility falled to ensinvestigated by per on investigation tecture incldent managhealth and safety. The findings including June 24, 2008, reports revealed the fell off a chair and safety.	vidence that the QMRP and Client #2's medication ew and record review, the sure that all incidents were sons who had received training chniques, in accordance with ternent policy, to protect client at 8:21 AM, review of incident at on April 27, 2008, Client #1 sustained a head injury when inst a wall. The corresponding			medication pass report.	1p on the	/-31-08

PRINTED: 07/24/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING ... B. WING 09G065 06/27/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4316 ALABAMA AVE, SE R C M OF WASHINGTON WASHINGTON, DC 20019 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES 1D (XA) ID (X3) PLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY W 149 Continued From page 11 W 149 investigation report was reviewed and disclosed conflicting information. Additionally, the investigation report was neither signed nor dated. The investigation report stated that he fell at 3:00 PM. whereas the incident report had stated that it had occurred at 5:25 PM. The investigation report indicated that staff had administered first aid, whereas the incident report showed the nurse had applied first aid (with no

The investigation report stated that the client's chair had been in the dining room, whereas the incident report indicated the chair had been located in the living room.

documentation that direct support staff had

administered first aid).

On June 24, 2008, the Qualified Mental Retardation Professional (QMRP) was interviewed at 8:44 AM. The QMRP stated that she had conducted the investigation, beginning that same day. The QMRP acknowledged having failed to sign and date the report. She acknowledged that the 3:00 PM time indicated in the investigation report had been in error. She could not explain the discrepancy between the incident and investigation reports as to who had applied first aid to Client #1's head, and at what time.

On June 26, 2008, at 10:26 AM, review of the facility's Incident Management Policy, dated November 2007, revealed the following: The Incident Management Committee (IMC) shall "ensure that incidents are investigated in a timely manner and that they are documented and

The Qmrp was trained by the Incident Management Coordinator on the internal investigation.

Refer to attachment # 1a
Furthermore, the Qmrp is scheduled for the Incident Management training with DDS on Refer to attachment # 1b
In the future the governing body will ensure that the person conductiong the investigation has received appropriate training in accordance with the facility policies.

7-15-08

8-06-08.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
			B. WIN				
		09G065	B. Win			06/27	/2008
	ROVIDER OR SUPPLIER F WASHINGTON		ı	43	EET ADDRESS, CITY. STATE, ZIP CODE 16 ALABAMA AVE, 6E (ASHINGTON, DC 20019		`
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERÊNCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETION DATE
W 149	signed Investigat by employees of Ri competency-based conducted or appre facility policy also of included in investig required that invest and approved by Ri QMRP acknowledg DDS training on co had she attended a training for investig 2008 Exit Conferer the facility's Incider Program Coordina Officer all acknowle incident and/or investig	ions shall be conducted only CM who have completed I investigative training oved by DHS/DDS." The outlined what needed to be pation reports and further tigative reports "be reviewed ICM's IMC" At 11:34 AM, the ged that she had not attended onducting investigations nor a comparable, approved pators. During the June 27, nce, at approximately 4:00 PM, and Management Coordinator, for and the Chief Operating edged that the April 27, 2008 estigation report had not been IC, in accordance with the	W		The Qmrp was trained by the Incident Coordinator on the internal investigation Refer to attachment # 1a Furthermore, the Qmrp is scheduled for Management training with DDS on Refer to attachment # 1b in the future the governing body will be person conductiong the investigative received appropriate training in according to the facility policies. Furthermore, all investigation reports reviewed by the Incident Management	on. or the Incide ensure that on has lance with will be	7-15-08 nt 8-06-08.
W 159	Included "Head Inji emergencies for whad not been calle one-inch cut on the minimal bleeding" A nurse progress ramedication nurse first aid treatment at the ER. 483.430(a) QUALI RETARDATION PEach client's active integrated, coordingualified mental results.	that the facility's 911 policy ury" in the list of medical chich 911 should be called. 911 d when Client #1 sustained a back of his head "with on April 27, 2008, at 5:25 PM. note indicated that by 7:00 PM, had assessed him, provided and the client was not taken to FIED MENTAL ROFESSIONAL be treatment program must be nated and monitored by a tardation professional. Is not met as evidenced by:	w		The 911 policy is revised to specify that requires ER visit for evaluation in mental status such as confusion, loand changes in speech or communica and bleeding that can not be control treatment. Refer to attachment # 6	includes char oss of conscicution, lacerati	nge Jusness on

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER;], -	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A BUILDI			
		09G065	B. WING		06/2	7/2008
	ROVIDER OR SUPPLIER F WASHINGTON			TREET ADDRESS, CITY, STATE, ZIP COI 4316 ALABAMA AVE, SE WASHINGTON, DC 20019	DE	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	OKS) COMPLETION CATE
W 159	verification, the Querofessional (QMR monitor services for residing in the facility of the findings included and the findings and the findings are the findings and t	ion, staff interview and record alified Mental Retardation (P) failed to coordinate and or one of the four clients ity. (Clients #1 and #2) e: W120. The QMRP failed to lent #1's day program to scribed dietary texture was Nutrition quarterly, dated April weighed 155 pounds in March was assessed by his primary (P) on June 19, 2008. The lind weight loss within the past lend the facility to maintain a take for 1 week." On June 26, the QMRP presented a "Food ord" book for review. The FC of provide information intake at his day program, When asked, the QMRP is neither she nor the House rise had instructed the day in a record of his intake. Everalled no evidence that the elemine Client #2's nutritional program for inclusion in the letermine Client #2's nutritional program for inclusion in the letermine Client #2's nutritional program for inclusion in the letermine Client #2's nutritional program for inclusion in the letermine Client #2's nutritional program for inclusion in the letermine Client #2's nutritional program for inclusion in the letermine Client #2's nutritional program for inclusion in the letermine Client #2's nutritional program for inclusion in the letermine Client #2's nutritional program for inclusion in the letermine Client #2's nutritional program for inclusion in the letermine Client #2's nutritional letermine Client #2's nutrit	W 15	Refer to W 120 (1) P.2. The physician ordered to mainta all intake for one week was imple acility; however, the Qmrp failed day program is provided with the the physicain order by collecting of In the future, the facility will ensure prescribed services are implementas well as at the day program.	emented in the to ensure that to form to implement lata. The that the	ent
	3. Cross-refer to V	V331. On June 24, 2008,			dia dia mandri dia man	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPIDENTIFICATION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		· · · · · · · · · · · · · · · · · · ·	(X3) DATE SURVEY COMPLETED	
		09G065	B. WII	NG_		06/27	7/2008
	ROVIDER OR SUPPLIER F WASHINGTON			4	REET ADDRESS, CITY, STATE, ZIP CODE 1316 ALABAMA AVE, SE VASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY PULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	EFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE	
W 159	Interviews with the later that day sugg identified as a con- review of nurse pro- numerous, docume and/or vomiting du antibiotic treatmen evidence that the Conursing/ medicatio coordinated responsaddress the gaggin 24, 2008, four days treatment for a new	after taking antibiotic pills. QMRP and LPN Coordinator ested that this had not been cern previously. However, ogress notes revealed ented incidents of his gagging ring a previous round of t, in April 2008. There was no QMRP had monitored his n needs in April, to ensure a nee from the medical team to ng. He vomited again on Junes after resuming antibiotic by boil on his leg. There was no QMRP effectively monitored his	W	159	The qmrp will communicate with the coordinator on a daily basis to follow medication pass report.		7-31-08 -
	monitor and coording to ensure timely responsible. 5. The QMRP falls	V120.2. The QMRP failed to inate Client #2's dental services pair of a fractured tooth #9. ed to coordinate Client #3's seeds, to effectively address bllows:			The follow up visit is scheduled for In the future, the LPN Coordinator, will attach a copy of the previous vi to ensure that the dentist reviews p recommendations.	and Qmrp sit consult	
	down the stairs fro floor. A staff perso upstairs just mome however, remained walked into the kito a package of cook he was observed s and stuffing cookie minute later, staff runaware that the cand the client left to	08, at 6:47 AM, Client #3 came m his bedroom on the second on had been assisting him ents earlier. That staff person, if upstairs. Client #3 quickly chen and immediately removed its from a cabinet. At 6:49 AM, standing alone in the kitchen is into his pant pocket. A returned to the kitchen, lient had just taken cookies he kitchen hurriedly.			All staff were re-inserviced on indivic as well as on the individual monitoria Refer to attachment #7 a & b In the future, the facility will ensure to implement individual # 3 BSP as writ monitor him frequently.	ng. that the Staff	7-31-08
	On June 26, 2008,	at 1:30 PM, the LPN					

09G055 B. WING 06/27/20 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
NAME OF PROVIDER OR SUPPLIER	/2008
R C M OF WASHINGTON 4316 ALABAMA AVE, SE WASHINGTON, DC 20019	
	(X5) COMPLETION DATE
The QMRP arrived minutes later. At approximately 1:35 PM, the QMRP also stated that Client #3 moved quickly, adding that staff "must maintain visual" contact "at all times" or he will take advantage of the situation. On June 26, 2008, at 1:49 PM, review of Client #3's Behavior Support Plan (BSP), dated December 2007, revealed that his diagnoses included Obsessive Compulsive Disorder and Intermittent Explosive Disorder. His targeted behaviors included "attempts to secure food in excess of his dietary guidelines" The QMRP, who was still present at the time, stated again that staff must keep the client in sight at all times. This, however, was not explicitly outlined in his written BSP. Instead, the BSP indicated that in the past, he would take food if he was out of "direct visual supervision of staff i.e., more than 5 minutes" The QMRP replied "no," when asked Refer to attachment #7'a & b In the future, the facility will ensure that the Staff implement individual # 3 BSP as written, and monito frequently. Refer to attachment #7'a & b In the future, the facility will ensure that the Staff implement individual # 3 BSP as written, and monito frequently.	7-31-08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
		09G065	B. WING_		06/27	//2008	
	ROVIDER OR SUPPLIER WASHINGTON		4	EET ADDRESS, CITY, STATE, ZIP CODE 316 ALABAMA AVE, SE VASHINGTON, DC 20019;			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)		ACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOU		ULD BE	(X5) COMPLETION DATE	
W 159 W 224	#3's taking cookies the QMRP's failure implemented effect items between mea	4, 2008 observation of Client while unsupervised revealed to ensure that staff tive measures to secure food	W 159 W 224				
	include adaptive be skills necessary for function in the com	·					
	Based on interview failed to assess ad	•					
	The facility falled to strengths and defic self-administration	assess Client #2's skills, eits for particlpating and/or of finger sticks as follows:		The Nurse Coordinator has developp individual #2 to participate in his fine self-management.			
	Qualified Mental Re (QMRP) indicated to June 26, 2008, at 1 confirmed that the diabetes approximate received weekly glucose levels. Sh	at approximately 9:00 AM, the etardation Professional that Client #2 was diabetic. On 10:04 AM, the LPN Coordinator client had been diagnosed with ately one year earlier, for which ringer sticks to monitor blood e further indicated that his cipate in the finger stick ten assessed.			Refer to attachment # 5b In the future, the nursing team will e self medication goals are deveopped individual #2 self management.		7-28-08
	#2's "Self-Medication	at 1:27 PM, review of Client on Administration" December 10, 2007,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		09G065	B. WING		06/27	7/2008
	ROVIDER OR SUPPLIER F WASHINGTON			TREET ADDRESS, CITY, STATE, ZIP CODE 4316 ALABAMA AVE. SE WASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
	to participate in fin- had not been asse 483.460(a)(3) PHY The facility must p general medical ca This STANDARD Based on interview failed to provide tir the two clients in the The finding include Cross-refer to W3 #2 vomited after to medication nurse	client's skills and/or willingness ger sticks for self-management ssed. SICIAN SERVICES rovide or obtain preventive and are. is not met as evidenced by: v and record review, the facility mely medical care, for one of the sample. (Client #2)	W 22			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	"considering liquid Interviews with the later that day sugginad not been iden However, review or revealed numerous gagging and/or voof antibiotic treatm no evidence that the issue in April 2 that the concern vertical physician's attentification developed another prescribed one of he had gagged or taking the pill on a documented evident.	medications instead." QMRP and LPN Coordinator gested that gagging/ vomiting tified yet as a concern. In nurse progress notes as, documented incidents of miting during a previous round nent, in April 2008. There was the nursing team had dealt with 2008 and there was no evidence was brought to the primary care on. In June 2008, the client or boil, for which he was again the antibiotic pills (Bactrim) that In April. He vomited after une 24, 2008. There was no ence that the facility ensured edical team addressed timely		The medication nurss were inserving any incident of difficulty ingesting must be the nursing team, and the PCP of manner for appropriate and immediantervention.	nedication n a timely	7-31-08

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILE	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED			
		09G065	B. WING		06/2	7/2008	
	ROVIDER OR SUPPLIER F WASHINGTON		s	STREET ADDRESS, CITY, STATE, ZIP CODE 4316 ALABAMA AVE, SE WASHINGTON, DC 20019			
(X4) ID FREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	PROMDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 322	Continued From pa the difficulties that large antibiotic pills	he had with swallowing the	W 32	22			
W 331	483.460(c) NURSII	NG SERVICES	W 33	31			
	services in accords	rovide clients with nursing ance with their needs.					
	Based on observat review, the facility f	is not met as evidenced by: ion, interview and record failed to ensure timely nursing ient needs, for one of the two le. (Client #2)					
	The findings includ	e:					
	person reported the antibiotics" just mo nurse reportedly ha his record. This wa progress notes. As person, the nurse r	at 6:19 AM, a direct staff at Client #2 "threw up his ments earlier. The medication ad documented the incident in as later confirmed in the nurse according to this same staff reportedly told her that they liquid medications instead."					
	interviewed later th AM. Client #2 report Initially, the LPN Contition of the LPN Complained. The aboils on his legs. The first boils had appeared in June.	LPN Coordinator were at morning, beginning at 9:07 ortedly chewed his medications, cordinator said she thought the ch were larger than a typical masty taste." Yet, moments QMRP stated that the client ring, taste" and had not entibiotics were prescribed for They reported he was treated on on his legs in April 2008, cleared but new ones Neither the QMRP nor the adicated that liquid medications	•	The LPN Coordinator spoke with the obtained an order for data collecting 2's medication tolerance for one determine if individual 2 has swalloom the medication nurses were inserving any incident of difficulty swallowing Refer to attachment 45. In the future, the nursing department the physicain is informed of all the during the medication pass.	on on individual week to week to wing difficulty ced on reporting medication.	7-28-08 ng 7-31-08	

PRINTED: 07/24/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G065 06/27/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4316 ALABAMA AVE, SE R C M OF WASHINGTON WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION **(X5)** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) W 331 Continued From page 19 W 331 were being considered. b. On June 26, 2008, beginning at 2:24 PM. review of Client #2's Nurse Progress Notes revealed numerous entries documenting his The LPN Coordinator spoke with the PCP, and difficulties with the antibiotic pills during the first obtained an order for data collection on individual round of antibiotic treatment in April, as follows: # 2's medication tolerance for one week to 4/5/08 7AM - "...Took AM meds, Staff reported determine if individual#2 has swallowing difficulty 7-28-08 The medication nurses were inserviced on reporting individual vomited out after taking meds... any incident of difficulty swallowing medication. 7-31-08 4/5/08 7PM - "Refused to swallow whole pills. Refer to attachment #5 Accept and swallow pills broken down in pieces. In the future, the nursing department will ensure No vomiting reported." the physicain is informed of all the problems occuring 4/6/08 7AM - "Took all meds when broken down during the medication pass. in pieces." 4/7/08 6:40 PM - "...Immediately after swallowing his antibiotics, he projectile vomiting and vomited up his Augmentin and Bactrim..." 4/8/08 6:15 AM - "... having trouble swallowing large antibiotic pills causing him to gag, pills given in apple cause one at a time after breaking in half..." There were additional nurse progress notes from April indicating choking, gagging and/or vomiting. Further review of the notes revealed nurses on The LPN Coordinator spoke with the PCP, and different shifts had used different administration obtained an order for data collection on individual techniques; some nurses broke the pills into # 2's medication tolerance for one week to pieces while others did not. determine if individual#2 has swallowing difficulty The medication nurses were inserviced on reporting c. At 3:05 PM, review of a summary of Client #2's any incident of difficulty swallowing medication. 7-31-08 April 11, 2008 "Medication Review" by his medical Refer to attachment #5 team revealed no indication that the distress In the future, the nursing department will ensure caused by the antibiotic pills had been discussed the physicain is informed of all the problems occuring at their meeting. Review of the client's primary during the medication pass. care physician (PCP) notes, dated May 7, 2008 and June 4, 2008, showed no evidence that the

vomiting in April.

PCP had been made aware of the gagging and

d. Client #2's most recent episode of boils began

PRINTED: 07/24/2008

DEPAR'	TMENT OF HEALTH	I AND HUMAN SERVICES		_		07/24/2008 APPROVED	
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				0938-0391	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE ST COMPLE		
	1	09G065	B. WING_	 	06/2	7/2008	
NAME OF F	PROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CO		<u> </u>	
RCMO	FWASHINGTON		4316 ALABAMA AVE, SE WASHINGTON, DC 20019				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(25) COMPLETION DATE	
W 331	Continued From pa	ge 20	W 331				
W 356	Administration Reconstruction at 7 PM on on June 24th. Therefacility established a communication with timely response to the communication to the public of	ording to his Medication ord, he began receiving June 20, 2008. He vomited re was no evidence that the an effective means of hin the nursing team, to ensure the client's medical concerns to include conveying relevant rimary care physician. IPREHENSIVE DENTAL source comprehensive dental that include dental care pain and infections, and maintenance of dental		The LPN Coordinator spoke with obtained an order for data; colle # 2's medication tolerance for of determine if individual # 2 has swa The medication nurses were inseany incident of difficulty swallow Refer to attachment # 5 In the future, the nursing depart the physicain is informed of all the during the medication pass.	ection on individua one week to illowing difficulty. erviced on reporting ring medication.	7-28-08 g 7-31-08	
(W 389	Based on record refailed to ensure conincluding restoration clients in the sample. The finding includes Cross-refer to W120 ensure timely repair #9. 483.460(k)(1) DRUG The system for drug that all drugs are ad the physician's order.	o.2. The facility falled to of Client #2's fractured tooth GADMINISTRATION gadministration must assure	W 368	The follow up visit is scheduled In the future, the LPN Coordin will attach a copy of the previc to ensure that the dentist revic of the last visit with the previo	ator, and Qmrp ous visit consult ews the record	ons.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 07/24/2008

		& MEDICAID SERVICES					APPROVED
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		TIPLE CONSTRUCTION	(X3) DATE S	
		09G065	B. Wi	NG_		06/2	? 7/200 8
	ROVIDER OR SUPPLIER F WASHINGTON			1 4	REET ADDRESS. CITY. STATE, ZIP CODE 4316 ALABAMA AVE, SE WASHINGTON, DC 20019		
(X4) ID PREFER TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ĪΧ	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO! CROSS-REFERENCED TO THE APPR DEFICIENCY)	uld be	(X5) COMPLETION DATE
W 368	given in compliance one of the two clien. The finding included On June 24, 2008, in revealed that Client from January 13 - 3 dehydration. Subsecare services that his hospitalization revealed in the client administered a deciseeking authorization physician (PCP), as Client #1's nurse protemperature of 100, 2008, at 6 PM. The telephoned the PCF 2008, the client remarks armed ay, he who prescribed Sudneeded for congestievery 4 hours for fer The client's Medical reflected that he recommend the prescribed that he recommend the prescribed sudneeded for congestievery 4 hours for fer the client's Medical reflected that he recommend the prescribed sudneeded for congestievery 4 hours for fer the client's Medical reflected that he recommend the prescribed sudneeded for congestievery 4 hours for fer the client's Medical reflected that he recommend the prescribed sudneeded for congestievery 4 hours for fer the client's Medical reflected that he recommend the prescribed sudneeded for congestievery 4 hours for fer the client's Medical reflected that he recommend the prescribed sudneeded for congestievery 4 hours for fer the client's Medical reflected that he recommend the prescribed sudneeded for congestievery 4 hours for fer the client's Medical reflected that he recommend the prescribed sudneeded for congestievery 4 hours for fer the client for the prescribed sudneeded for congestievery 4 hours for fer the client for the prescribed sudneeded for congestievery 4 hours for fer the client fer the prescribed sudneeded for congestievery 4 hours for fer the client fer the prescribed sudneeded for congestievery 4 hours for fer the client fer the prescribed sudneeded for congestievery 4 hours for fer the client fer the prescribed sudneeded fer the	wre that medications were with physician's orders, for its in the sample. (Client #1) Exercise of incident reports #1 had been hospitalized 0, 2008 with pneumonia and equent review of the health e received just prior to the aled that a nurse had ongestant (Sudafed) without on from the primary care	w:	368	The medication nurses were inservic LPN Coordinator regarding obtaining order prior to the administration of medication	ng physician	7-31-08
	progress notes reve continued beyond the PCP had prescribed 11, 2008 nurse prog documented that sh tabs x 325 mg and 8 client still had nasal	riew of Client #1's nurse aled that his symptoms e 3-day period for which the the medications. A January ress note (at 6:15 AM), e had administered Tylenol 2 Sudafed 60 mg because the drainage and had an elevated. There was no evidence that		;	The medication nurses were inservice by the LPN Coordinator regarding of order prior to the administration of medication	btaining ph	ysician 7-31-08

	WID PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		09G065	B. WING			06/27/2008	
	ROVIDER OR SUPPLIER F WASHINGTON			4316	raddress, city, state, zip cod Alabama ave, se Shington, DC 20019		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG				PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 368 W 436	the medication ord	age 22 se was authorized to extend er, beyond the 3 days. CE AND EQUIPMENT	W 3				
	and teach clients to choices about the hearing and other of and other devices it	mish, maintain in good repair, o use and to make informed use of dentures, eyeglasses, communications aids, braces, dentified by the client.					
	Based on observat review, the facility to mealtime equipment good repair a wheel	is not met as evidenced by: ion, interview and record ailed to ensure adaptive nt and failed to maintain in si chair for use by the one client n included the use of a wheel					
	The findings includ	08, at 8,27 AM, Client #1 was		and a	e 719A form's was submitted i	o Secontial BCh	
	the van. Direct sup assistance in and of day program. On J was observed to th outside. A 2-inch lo missing from the rig interview with the C Professional (QMR chair belonged to C Indicated that she we the wheelchair near review of Client #19 assessment, dated	ate slowly while walking out to port staff provided physical out of the group home and the lune 26, 2008, a wheel chair is left of the basement door, ng section of rubber was ght rear tire. At 4:55 PM, tualified Mental Retardation P) revealed that the wheel client #1. The QMRP further was previously unaware that ded repair. Subsequent is annual physical therapy (PT) November 17, 2007, revealed for him to use a wheel chair		for The residenth In the	r individual #1 to obtain a new new wheelchair will be delivered dence. In future the facility will ensure stive equipment is in an operab ready for use.	wheelchair ed to his new that all of the	7-31-08

HRA

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B. WING		-	
- · · · · · · · · · · · · · · · · · · ·	·	09G065	B. WING		06/27	7/2008
NAME OF PROVIDER OR SUPPLIER R C M OF WASHINGTON		1	REET ADDRESS, CITY, STATE, ZIP CODE 4316 ALABAMA AVE, SE WASHINGTON, DC 20019			
(X4) III PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 460	while out on comme Individual Support F 21, 2007, "I ambula distances, and requionger distances." the record review in frequent community. There was no evide wheelchair had bee maximize his mobile 2. Cross-refer to Whot have available feating equipment (I small-bowled spoormat) at the day prophad not yet purchas (with a built-up hand the spoon being ustablespoon-sized befood with each mout 483.480(a)(1) FOO SERVICES Each client must rewell-balanced diet is specially-prescribed. This STANDARD is Based on observatireview, the facility fintake in accordance orders, for one of the (Client #2) The findings included.	unity outings. According to the Plan (ISP), dated November ate independently for short uire the use of a wheel chair for Interview with the QMRP and indicated the client went on youtings with his housemates. Ence, however, that the client's en maintained in good repair to lity in the community. V120 and W484. Client #1 did for use his prescribed adaptive HI-Lo plate with plate guard, in with built-up handle, Dycem gram. In addition, the facility sed a smaller-bowled spoon die). At the time of the survey, ed had a larger, owl which presented more uthful than was recommended. ID AND NUTRITION secève a nourishing, including modified and diets. Is not met as evidenced by: Ion, interview and recordinal community in the sample.	W 460	Refer to W 120 P.2 refer to W 484 P.2		7-24-08 7-24-08

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION I A. BUILDING		(X3) DATE SURVEY COMPLETED		
		09G085	B. WING_		06/27/2008	
	NAME OF PROVIDER OR SUPPLIER R C M OF WASHINGTON			REET ADDRESS, CITY, STATE, ZIP CODE 4315 ALABAMA AVE, SE WASHINGTON, DC 20019	• *	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		iD PREFIX TAG	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION DATE
W 160	(POs), dated June included hypertens sodium diet, the cli anti-hypertensive in Amlodipine 10 mg was observed in the beginning at 8:03 A slices of toast with turkey bacon, a borcoffee, water and c 2008, at approxima package of turkey the statement "25% written prominently indicated that 2 slic Minutes later, revier revealed that persodiet were to have "Mental Retardation present at that time always purchased Active) because it then pointed to that calories) written on and Interviews revenue that Client to include salf-free POs. 2. According to Client to include salf-free POs. 3. According to Client to include salf-free POs. 4. According to Client to include salf-free POs. 5. According to Client to include salf-free POs. 6. According to Client to include salf-free POs. 7. According to Client to include salf-free POs. 8. According to Client to include salf-free POs. 9. According to Client to include salf-free POs. 9. According to Client to include salf-free POs. 10. The Post Salf-free POs. 10. According to Client to include salf-free POs. 11. According to Client to include salf-free POs.	1, 2008, his diagnoses ion. In addition to a low ent was prescribed three nedications (Lisinopril 40 mg, and HCTZ 25 mg). Breakfast e facility on June 24, 2008, M. The meal consisted of 2 jelly, 2 slices of reduced-fat will of cold cereal with 2% milk, orange juice. On June 26, ately 12:45 PM, review of the bacon ("Fit & Active") revealed 6 sodium of regular bacon" on the front panel. The label ces contained 340 mg sodium. In which of the menu in the kitchen ons prescribed a low sodium salt-free" bacon. The Qualified in Professional (QMRP) was a She stated that facility staff the same brand of bacon (Fit & had 55% fewer calories. She it pronouncement (55% fewer in the front panel. Observations ealed that the facility failed to \$20 received a low sodium diet, bacon, in accordance with	W 460	All staff have been inserviced on clin the future, the facility will ensure is implemented as prescribed. The purchase the Low sodium items as the low sodium items as the service of the facility management will ensure tems are purchased as prescribed. In the future, the house management ood items as ordered.	client #2 diet acility will ndicated in his	diet.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	TIPLE CONSTRUCTION	(X3) DATE SI COMPLE	
			A. BUILDI		- J	
		09G065	B. WING		06/27/2008	
	ROVIDER OR SUPPLIER F WASHINGTON			REET ADDRESS, CITY. STATE, ZIP CODE 4316 ALABAMA AVE, SE WASHINGTON, DC 20019 !		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST RE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD)		COMPLETION DATE
W 460	Continued From page 25		W 460		·	
	revealed a containe Observations and in facility failed to ensilow fat low choleste POs.	tion of the refrigerator er of 2% milk, only. nterviews revealed that the ure that Client #2 received a erol diet, in accordance with				
W 474	483.480(b)(2)(iii) M	EAL SERVICES	W 474	1		
	Food must be served developmental level	ed in a form consistent with the el of the client.				
	Based on observat review, the facility f provided in the pre-	is not rnet as evidenced by: ion, staff interviews and record alled to ensure each food was scribed texture, for two of the ample. (Clients #1 and #2)				
	The findings include	e:				
	Client #1 was prese However, the client soft, low fat, high fil with low fat gravy). group home ensure	V120. On June 25, 2008, ented a sliced turkey sandwich. was prescribed a mechanical per diet (ground meats (moist There was no evidence the ed that the prescribed ground is provided at the day program.		Refer to W 120 P.2		7-31-08
W 484	(POs), dated June "finely chopped." Of the four clients wenturkey bacon with behavior to the four chopped. The facility ensured that served finely chopped.	ent #2's physician's orders 1, 2008, his foods were to be 2n June 24, 2008, at 8:03 AM, e given 2 silces of reduced-fat reakfast. Client #2's bacon, in strips and had not been ere was no evidence that the his foods were consistently led, in accordance with POs. NG AREAS AND SERVICE	W 484	All staff have been inserviced on cl In the future, the facility will ensure is implemented as prescribed. The fa purchase the Low sodium items as i	client #2 diet acility will	

PRINTED: 07/24/2008

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA						PRINTED: 07/24/2008 FORM APPROVED OMB NO. 0938-0391		
STATEMENT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. Bui		PLE CONSTRUCTION	(X3) DATE SI COMPLE	JRVEY	
		09G065	B. WIN	VG		06/2	7/2008	
NAME OF P	ROVIDER OR SUPPLIER				EET ADDRESS, CITY. STATE, ZIP CODE		12000	
RCMO	F WASHINGTON				116 ALABAMA AVE, SE (ASHINGTON, DC 20019			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 484	The facility must en	quip areas with tables, chairs, dishes designed to meet the	W	484				
	Based on observation review, the facility to utensils, dishes an accordance with as	is not met as evidenced by: ion, interview and record failed to ensure that eating d supplies were provided in ssessed developmental needs, dients in the sample. (Client e:	e F					
	observed eating his Hi-Lo plate with a phandle spoon which and had a Dycern sliding. Client #1 weating; however, ston occasion to slow intervened physical food that he scoop verification later (so client's annual Individual Property of the second state of the second	08, at 8:03, AM, Client #1 was a breakfast. He ate from a blate guard, using a built-up h had a tablespoon-sized bowl mat to keep his plate from was generally independent in aff had to give verbal prompts of his eating pace. Staff also liy to reduce the amount of led with the his spoon. Record the below) revealed that the widual Support Plan (ISP),			The Qmrp has ordered individual equipment on. These adaptive equipment are curr facility.		7-24-08 7-29-08	
	the use of a spoon overloading. The p the adaptive equip- legally blind.	1, 2007, had recommended with a smaller bowl to prevent rimary reason for the use of ment was that Client #1 was			he Omrp has ordered individual #equipment on.		7-24-08	
	2. Cross-refer to V adaptive equipmen his day program.	V120. Client #1's prescribed t was not available for use at			These adaptive equipment were priday program.	ovided to the		

a. On June 25, 2008, at 12:06 PM, Client #1's

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Mi A. BUII		PLE CONSTRUCTION G	(23) DATE SL COMPLE	
		09G065	B, WIN	IG		06/27	7/2008
	ROVIDER OR SUPPLIER F WASHINGTON		•	43	EET ADDRESS, CITY, STATE, ZIP CODE 316 ALABAMA AVE, SE /ASHINGTON, DC 20019		,
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 484	lunch was served: Styrofoam plate ar difficulty eating wit teaspoon. He rese At 12:11 PM, the Stable while he was specialized adaptive day program. Inteindicated no special been provided to the Also on June 25, 2 Occupational Their 2008, in which the observed Client #1 his face down closindicated that the informed him that when eating with the update included reand the Dycem may of the survey, the	at the day program on a and with a plastic fork. He had he the fork, as well as a plastic orted to eating with his hands. Styrofoam plate slid across the eating. There was no we equipment being used at the rview with day program staff alized eating equipment had he day program for the client. 2008, there was an updated app (OT) assessment, April 5, OT documented that he had a leating with his hand, and with the to his plate. The OT also direct support staff had the client often spilled his food he spoon. The April 2008 OT accommendations for Hi-Lo plate at to prevent sliding. At the time Dycem mat was available for ut not at the day program.	W		The Qmrp has ordered individual # equipment on. These adaptive equipment were proday program. The Qmrp has ordered individual # equipment on. These adaptive equipment were proday program.	vided to the 1 adaptive vided to the	7-24-08 7-29-08 7-24-08 -29-08
	12:16 PM, review Plan (ISP), dated I that he was prescription with a small of his utensil durin facility had not pur bowl for use in the There was no evid that Client #1 had eating equipment/	108, beginning at approximately of Client #1's Individual Support November 21, 2007, revealed ibed "a plate guard and a ler bowl to prevent overloading g mealtime." To date, the chased spoons with smaller home and at day program. The ence that the facility ensured all of the prescribed adaptive supplies avallable for use in all ize self-feeding in accordance ental level.			The Qmrp has ordered individual # equipment on. These adaptive equipment are cure facility 7-29-08 The Qmrp has ordered individual # equipment on. These adaptive equipment are cure facility	ntly in the	7-24-08 7-24-08 7-29-08

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER:	A BUILDI		(X3) DATE SI COMPLE		
		HFD03-0178		B. WING		06/2	7/2008	
,	ROVIDER OR SUPPLIER WASHINGTON		STREET ADD 4316 ALAI WASHING	BAMA AVI	STATE, ZIP CODE E, SE 20019			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
1 000	INITIAL COMMEN	гs _.		1 000				
1 071	2008 through June of two residents wa population of four hidisabilities: In additional conducted of a third needs. The finding observations at the programs, interview well as the review of records, including it as the second s	was conducted from 27, 2008. A random s selected from a remen with various degition, a focused review resident's behavior s of this survey were group home and at its with residents and folinical and administrations. S AND BATHROOM placed at least three feart survey was and at least three feart and at least three feart survey.	sample sident rees of was support based on two day staff as strative	l 07 1		Application of the state of the	DEARTHENT OF VE	
	This Statute is not Based on observati Mentally Retarded I ensure a distance or resident beds was in The finding includes Observation of the I	met as evidenced by on, the Group Home fairerson (GHMRP) fair of at least three feet the maintained.	for led to between			80 :u		
Ì	3503.3(b) BEDROC Each bedroom shal	aled the two beds in a climately two feet apa common and the commo	oms	1073	The bedroom is currently unocc will be move when new residen	ts move in.		
	(b) Clean comfortab	each resident:						
$\sim M_{\odot}$	PURECTOR SOR PROVID	ER/SUPPLIER REPRESEN	TATIVE'S SIGN		TITLE	O(1)	DATE	

,	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
·		HFD03-0178		B. WING_		06/27	//2008 .		
NAME OF P	ROVIDER OR SUPPLIER			DRESS, CITY. STATE, ZIP CODE					
RCMO	WASHINGTON		4316 ALAE WASHING	BAMA AVE, TON, DC 2					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	FROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULDBE	(X5) . COMPLETE DATE		
1 073	Continued From pa	ge i		1073					
							•,		
1 -1 11 -1	The finding include	s: ,			:		• . •		
, .		sident #2's and #4's b at approximately 3:20 flat.			The new pillows were purchased; the was replaced by the new one.	flat pillow	7-31-08		
1 077	3503.5 BEDROOM	IS AND BATHROOM	IS	1 077					
	Each bedroom sha space for each resi clothing and person	ll contain sufficient si ident 's seasonal, pe nal effects.	torage ersonal						
	Based on observation review, the GHMRI	met as evidenced by ion, interview and reception interview and reception for the table and	cord bedroom				,		
	The finding include	s:					•		
<u>-</u>					The new shoe racks were purchased accommodate the indivuals' shoes.	to	7-31-08		
1 090	3504.1 HOUSEKE	EPING		1 090					
Figalti Bazu	maintained in a saf	terlor of each GHMR e, clean, orderly, attr er and be free of irt, rubbish, and obje	active,						

GKHX11

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	(X2) MUL' A. BUILDI B. WING		(X3) DATE SI COMPLE	
		HFD03-0178				06/2	7/2008
	ROVIDER OR SUPPLIER F WASHINGTON		4316 ALAI WASHING	BAMA AVI	STATE, ZIP CODE E, SE 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATÉMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL -	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(XS) COMPLETE DATE
	Based on observation failed to maintain the clean, orderly, and The findings included On June 26, 2008, observation of the collowing deficienced. The device section Resident 1's bedwhich caused the between moved. The top part of the completely of the door completely. Linoleum was a line completely of the door completely. Linoleum was also completely of the ground (emes to the ground (emes to the ground the steps to the ground the	met as evidenced by ion and interview, the ne interior of the facilitattractive manner. e: beginning at 2:54 PM environment revealed es: uring the blinds at the proof to fall from the with the entrance door to lobserved to close tigning the made it difficult by. ot secured to the flood Resident #4's closet, observed at the left sent #3's area of the believed in the leading from the secured to the secured to the left sent #3's area of the believed in the leading from the secured in the secured	e GHMRP ity In a A, d the window oken, vindow oken, vindow oken thity to close or in the Torn ide of the edroom. e landing ond floor scraping ndicated	1090	The new blinds were purchased and will replace the broken one. In the future, the facility home will ensure all blinds are in good the top part of the entrance of individual #4's bedroom will be bedroom wil	d on e management d repair. I door of e repaired floor ement will d repair. d ired ment will ensure good repair. light fixture	7-31-08 8-01-08 7-28-08 7-17-08
lealth Regul	ation Administration						<u> </u>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
		HFD03-0178		B. WING _		06/27	//2008
NAME OF PRO	VIDER OR SUPPLIER			· · ·	STATE, ZIP CODE		`
RCMOFW	VASHINGTON		4316 ALAB WASHINGT	ON, DC 2	SE 0019 		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
1 090 C	ontinued From pa	ge 3	İ	1 090			
be pa in fr	edroom was obserting alpable springs. In additional that Reside that Reside this room to are o evidence that the	d located in Resident rved to have a mattre nterview with the QM lent #2 had recently in nother bedroom. The mattress on each be re residents' comfort	ess with IRP moved ere was eed was		The new mattress will be purchased In the future, the facility will ensure mattress on each bed ensures the re	that the	8-05-08 ort. '
1206 3	509.6 PERSONNE	EL POLICIES	!	1 206	,		
i a	innually thereafter, ertification that a h erformed and that	or to employment an shall provide a phys lealth inventory has t the employee's hea her to perform the re	ician ' s been alth status			,	
BG	Based on interview BHMRP failed to er innual health certification for the findings include	met as evidenced by and record review, to asure that all staff ob icates/ inventories. e:	he tained				
2		10:30 AM, revealed t		;			,
in si th th	nventories provided taff (S6). The revi nat S6 had a tuber nere was no evider	urrent health certifica d for 1 of the 10 direct ew of health records culin screening; how nee that a physician's inventory has been	ct support revealed ever.			!	,
	. There were no c	urrent health certific	ates/				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		MBER: i`	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
		HFD03-0178		B. WING _		06/27	7/2008		
NAME OF F	ROVIDER OR SUPPLIER			DDRESS, CITY, STATE, ZIP CODE					
RCMO	F WASHINGTON		4316 ALABAI WASHINGTO	MA AVE N, DC 2	; SE 20019 				
(X4) IL) PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SI		OULD BE	(X5) COMPLETE DATE		
l 206	inventories availab nurses (N1 and N2 revealed that the h expired on Februal provided for N2 ha 3. There was no h available for review 4. There health ce pharmacist (C2) ha	le for the two medical.). Further record revealth certificate for N ry 10, 2007 and the od expired on Februar ealth certificate/ inverver for the social worker entificate/ inventory for ad expired on May 31 ficiency. See deficient 14, 2007.	ntion view 1 had ine ry 8, 2008. Intory r (C3). r the 1, 2008.	227	The social Worker health certicate is on file. The Pharmacist health certificate is and was on file at the office. Refer to attachment # 8. In the future, the facility will ensure records are update, and available up	current, that personn			
feaith Requ	limited to, the follow (c) Infection contro This Statute is not Based on staff inte facility failed to effect emergency measuresiding in the facility failed to effect findings included. The findings included to entification for each control of the facility failed certification for each control of the facility failed the failed certification for each control of the facility failed the failed certification for each certifica	In for staff and resider In met as evidenced by Proview and record reviectively train staff to lives for four of four relity. (Residents #1, #2 It to maintain evidence the staff as follows: at approximately 10: consultant records re	e of CPR ation apport staff		\$1, \$2, \$6 and \$11 CPR cards are of The remaining staff will take the cla	urrently on files the CPR cla	e. ss 8-17-08		

	T of deficiencies of correction	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		1 ' '	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			•	A. BUILDIN	G		
		HFD03-0178	CTOEET AD	BEER CITY (TATE ZID CODE	06/27	//2008
NAME OF P	ROVIDER OR SUPPLIER			•	STATE, ZIP CODE		`
RCMO	F WASHINGTON			BAMA AVE, TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(XS) COMPLETE DATE
l 227	Continued From pa	age 5		1 227			· · ·
	be current for some However, no addition provided before the 2. The facility failed	to maintain evidenc	ed staff. vas e of First		·		
·	On June 26, 2008, review of staff and no documented evitraining available for support staff (S1, S	direct care staff as for at approximately 10: consultant records relidence of current first or 6 of the 10 staff direct, S3, S4, S5 and Sentation was provided	10 AM, evealed t aid rect 6). No		S1, S2, S5 first aid cards are currer The remaining staff will take the fir		n 8-17-08
	This is a repeat de dated September 1	ficiency. See deficiel 14, 2007.	ncy report				
l 3 96	3520.2(f) PROFES PROVISIONS	SION SERVICES: G	ENERAL	1 396			}
	professional staff to necessary professional accordance with the individual habilitation necessary by the in- professional service limited to, those settralned, qualified, a District of Columbia disciplines or areas		es of every ed to be The not be dividuals red by				·
	(f) Occupational 1	• •	ı	ļ			
Health Regul	Based on interview GHMRP falled to e	met as evidenced by and record review, t naure the profession ae (f) occupational the	he al license		•		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIES AND PLAN OF CORRECTION IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED	
		HFD03-0178		<u> </u>		06/2	7/2008
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
RCMO	WASHINGTON		4316 ALAE WASHING1				
(X4) ID PREFIX TAC	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
1 396	Continued From pa	ge 6		1 396	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	License for the Occ expired on Septem the Qualified Menta indicated that a cur be available at the	une 27, 2008, at 0 AM, revealed that to pupational Therapist (ber 30, 2007. Intervial Retardation Professional license for the Oadministrative office.	OT) had ew with sional T should				
I 401	3520.3 PROFESSI PROVISIONS	ON SERVICES: GEN	IERAL	1 401	and the state of t		
	and evaluation, incidevelopmental levelopmental levelopmen	es shall include both uding identification o els and needs, treatm ces designed to prevo her loss of function b	f ent ent				
	Based on intervi facility failed to asso independent living a	met as evidenced by ew and record review ess adaptive behavion skills, for one of the trapple. (Resident #2)	v, the ers and/or				
	The finding include	s:					The Marie
	strengths and defic self-administration	assess Resident #2' its for participating ar of finger sticks as foll	nd/or lows:				
Health Regul	Qualified Mental Re (QMRP) indicated t On June 26, 2008,	at approximately 9:00 tardation Profession hat Resident #2 was at 10:04 AM, the LPN ned that the resident	al diabetic.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER AND PLAN OF CORRECTION IDENTIFICATION NUMBER		R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		HFD03-0178		B. WING06/27/2008				
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE	•		
RCMO	F WASHINGTON		4316 ALAE WASHINGT					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE: MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
I 4 01	diagnosed with diate earlier, for which he to monitor blood gluindicated that his wifinger stick process. At 12:03 PM, review (POs) for June 200 morning every weel blood sugar. Take physician if 8/8/07 On June 27, 2008, Resident #2's "Self-assessment, dated confirmed that their willingness to partic self-management h. 2. Based on record facility failed to ensistervices to meet retwo residents in the The findings include On June 24, 2008, aperson reported that antibiotics" just mornurse reportedly hahis record. This waprogress notes. Ac person, the nurse rewere "considering life. The QMRP and interviewed later that	petes approximately of received weekly fing acose levels. She fur illingness to participal had not been assess of this physician's or revealed "Finger state. Record glucose faweekly. Notify primar Wednesday finger state 1:27 PM, review of Medication Administ December 10, 2007, esident's skills and/oripate in finger sticks and not been assessed review and interview are timely nursing and sident needs, for one sample. (Resident state confirmed the interview and interview and course the interview and interview and interview and interview are the sample. (Resident state confirmed in the cording to this same aportedly told her that quid medications instate morning, beginning the terminal polytoping to the same aported to the same approximate the same aported to the same aported to the same aported to the same aported to the same approximate the sam	ther sticks ther te in the sed. I ders lek in sting ry care stick." I ration" I the d medical of the sedication cident in the nurse staff they sead."	1401	The Nurse Coordinator has developpindividual #2 to participate in his fine self-management. Refer to attachment #5b In the future, the nursing team will eself medication goals are developed individual #2 self management.	er sticks for ensure that		
lealth Regul	medications. Initiall she thought the anti	portedly chewed his y, the LPN Coordinat blotic pills, which wel ight have "a nasty tas	re larger					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(XZ) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	HFD03-0178			B. WING_	i	06/27/2008
NAME OF I	ROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY,	STATE, ZIP CODE	× .
RCMO				BAMA AVE TON, DC 2		
(X4) ID PREFIX TAG			FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOTO CROSS-REFERENCED TO THE APPRINCED TO THE APPRINC	ULD BE COMPLETE
1 401	Continued From pa	ge 8		I 401		
·	the client "tolerates not complained. The for boils on his legs treated for a similar 2008. The first boil appeared in June. LPN Coordinator in were being considered. D. On June 26, 200 review of Resident revealed numerous	08, beginning at 2:24 #2's Nurse Progress entries documenting	and had rescribed was In April w ones or the edications PM, Notes g his		The LPN Coordinator spoke with the Pobtained an order for data collection # 2's medication tolerance for one widetermine if individual#2 has swallow if The medication nurses were inservice any incident of difficulty swallowing right Refer to attachment #5 In the future, the nursing departmenthe physicain is informed of all the produring the medication pass.	on individual veek to ing difficulty. 7-28-08 id on reporting medication. 7-31-08 it will ensure
	difficulties with the antibiotic pills during the first round of antibiotic treatment in April, as follows: 4/5/08 7AM - "Took AM meds. Staff reported individual vomited out after taking meds" 4/5/08 7PM - "Refused to swallow whole pills. Accept and swallow pills broken down in pieces. No vomiting reported." 4/6/08 7AM - "Took all meds when broken down in pieces." 4/7/08 6;40 PM - "Immediately after swallowing his antibiotics, he projectile vomiting and vomited up his Augmentin and Bactrim"			The LPN Coordinator spoke with the P		
Health Regu	4/8/08 6:15 AM - " having trouble swallowing large antibiotic pills causing him to gag, pills given in apple cause one at a time after breaking in half" There were additional nurse progress notes from April indicating choking, gagging and/or vomiting. Further review of the notes revealed nurses on different shifts had used different administration techniques; some nurses broke the pills into pieces while others did not. c. At 3:05 PM, review of a summary of Resident #2's April 11, 2008 "Medication Review" by his medical team revealed no indication that the distress caused by the antibiotic pills had been			obtained an order for data collection # 2's medication tolerance for one watermine if individual#2 has swallowing the medication nurses were inservice any incident of difficulty swallowing race to attachment #5. In the future, the nursing department the physicain is informed of all the produring the medication pass.	veek to ng difficulty. d on reporting medication. 7-28-08 7-31-08	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X2) MUL' A. BUILDI B. WNG		(X3) DATE SURVEY COMPLETED	
		HFD03-0178		J. 1111(0)	06/27/	2008	
	B C M OF WASHINGTON 4316 AL			RESS, CITY BAMA AVI TON, DC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETE DATE
I 401	resident's primary of dated May 7, 2008 evidence that the P the gagging and volume 2008. Administration Rec Bactrim at 7 PM on on June 24th. The facility established communication with timely response to concerns (I.e. vominelevant information physician. 3. Based on intervifacility failed to ensicoordination of Resident ya QMRP. The finding include According to a Nutral 2008, Resident #2 2008. The resident care physician (PCI PCP noted a 7 pour 2 months and order food diary of all intal 2008, at 12:41 PM, Consumption Recording to Record book did not the consumption Record Bactrid B	neeting. Review of the care physician (PCP) and June 4, 2008, she is the principal of the provide information of the principal of the provide information of the principal of	notes, nowed no aware of boils ledication and the foonveying w, the ry Intake April 4, in March s primary The the past stain a June 26, da "Food The FC	J 401	The LPN Coordinator spoke with the obtained an order for data collection # 2's medication tolerance for one wetermine if individual#2 has swallow The medication nurses were inservice any incident of difficulty swallowing in Refer to attachment #5. In the future, the nursing department the physicain is informed of all the produring the medication pass. The LPN Coordinator spoke with the Producing the medication pass. The LPN Coordinator spoke with the Producing the medication pass. The physicain is informed of all the producing incident of difficulty swallowing in Refer to attachment #5. In the future, the nursing department the physicain is informed of all the producing the medication pass. The physician order to maintain a "for all intakes for one week" was implement the physicain order that day program is provided form to implement the physican order data. In the future, the facility will ensure the state of the physican order data.	on individual veek to ing difficulty. In on reporting medication. It will ensure oblems occurring medication. In week to ing difficulty. In on individual veek to ing difficulty. In on reporting medication. In the will ensure oblems occurring the medication of the will ensure oblems occurring medication. In the will ensure oblems occurring the will ensure oblems	7-31-08 9 7-28-08 7-31-08
leakh Recul	Record book did not provide information regarding nutrient intake at his day program, Monday - Friday. When asked, the QMRP acknowledged that neither she nor the House Manager or the nurse had instructed the day program to maintain a record of his intake.		RP louse day		prescribed services are implemented a as well as at the day program.	it the facility	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
		HFD03-0178		<u> </u>	06/		
	ROVIDER OR SUPPLIER F WASHINGTON		4316 ALAE WASHINGT	AMA AVE			
(X4) ID PREF(X TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETE DATE
	facility sought to de nutritional intake whinclusion in the diar [Note: At 5:47 PM, April 4, 2008, Indica weight had dropped documented a 10-p January 2006 to 15 4. Based on Intervie facility failed to ensicoordination by a Quentum behavior support not food stealing, as for a. On June 24, 200 came down the state second floor. A state him upstairs just may person, however, re #3 quickly walked in package of cookies he was observed stand stuffing cookies minute later, staff in unaware that the reand the resident lef. On June 26, 2008, Coordinator stated targeted behaviors meals without authors "fast" and requision. The Queproximately 1:36	evealed no evidence of termine Resident #2 hile at day program for y, as ordered by the the Nutrition quarter ated that Resident #2 diprior to April 2008. Sound drop from 165 pounds in February was and record review ure monitoring and MRP of Resident #3 seeds, to effectively actions in the kitchen and resident #3 from a cabinet. At a from a cabinet. At a from a cabinet. At a from a cabinet was from the kitchen and resident had just taken at 1:30 PM, the LPN that one of Resident was securing foods to orization. She stated	s or PCP. Ity, dated It's body She counds in y 2008.] If, the staff esident emoved a staff emoved a staff emoved a staff emoved a staff emoved emov	1401	The physician order to maintain a "for all intake for one week" was implemed facility; however, the Qmrp and nurse ensure that the day program is proving with the form to implement the physic by collecting data. In the future, the facility will ensure prescribed services are implemented as well as at the day program. All staff were re-inserviced on individuals well as on the individual monitoring Refer to attachment #7 a & b In the future, the facility will ensure implement individual # 3 BSP as will monitor him frequently.	nted in the e failed to ided ician order that the at the facility all #3 BSP ng.	7-31-08
ealth Regul	will take advantage	of the situation.	es" or he				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER					(X3) DATE SURVEY COMPLETED	
		HFD03-0178	!	B. WING_		06/27/200) 8
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
RCMO	- Washington		4316 ALABA WASHINGTO	AMA AVE ON, DC 2	, SE 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH GORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIES OF THE PROPRIES OF THE PROVIDER OF T	ULD BE COI	(X5) MPLETE DATE
1 40 1	Resident #3's Beha dated December 20 diagnoses included Disorder and Intern targeted behaviors food in excess of QMRP, who was stagain that staff musuall times. This, how outlined in his writte indicated that in the was out of "direct v more than 5 minute when asked if he resident #3's pant And yet during the acknowledged that Resident #3's pant There was no evide further input from the address to the resident preview his supervise. Further review of the pant of being presented time." The June 24 Resident #3's taking the president #3's taking the passident #3's taking the passiden	at 1:49 PM, review of avior Support Plan (B 207, revealed that his lobsessive Compuls nittent Explosive Disciplined "attempts to his dietary guidelined in the time of keep the resident in vever, was not explicate BSP. Instead, the expast, he would take a past, he	f SP), sive order. His o secure s" The e, stated in sight at fity staff i.e., plied "no," staffing. In The e staff." meat in month. sought sam to vior and that staff iney are r snack of upervised	401	All staff were re-inserviced on individual well as on the individual monitorin Refer to attachment #7 a & b In the future, the facility will ensure implement individual # 3 BSP as wire monitor him frequently. All staff were re-inserviced on individual well as on the individual monitorin Refer to attachment #7 a & b In the future, the facility will ensure implement individual # 3 BSP as wire monitor him frequently.	that the Staff itten, and dual #3 BSP	-31-08
	items between mea		ure food				
1 500	3523.1 RESIDENT	'S RIGHTS		1 500	And the William of the second	And the second s	
Health Requ	that the rights of re	dence director shall e sidents are observed lance with D.C. Law	land				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A BUILDIN	PLE CONSTRUCTION	(XS) DATE SURVEY COMPLETED		
		HFD03-0178		B. WNG_		06/27	//2008
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE. ZIP CODE	`	
псмог	WASHINGTON		4316 ALAE WASHING				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES CH DEFICIENCY MUST BE PRECEDED BY FULL ULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	()(S) COMPLETE DATE
I 500	This Statute is not Based on observe review, the facility fromplement policies neglect and ensure two residents in the #2) A. The facility failed textures and adapting the property of the	met as evidenced by ration, interview and ailed to establish and and procedures to presidents' safety for esample. (Residents of to ensure that dietaive equipment were protect resident health	record revent two of the #1 and ery	1 500			
	1. The QMRP and unaware of Resider aspiration. On June 24, 2008, Qualified Mental Resident #1 was not aspiration. They stem "finely chopped" will in the swallowing plany teeth to chew." approximately 12:11 Individual Support I 21, 2007, revealed monitoring for pacemust slp rather that aspiration." The resident of the content of the content instead, the diet or the content in the content	the LPN Coordinaton at #1's assessed risk at 8:44 AM, interview etardation Profession PN Coordinator Indicate known to be at risk ated that his meats with gravy added "to be rocess, since he doe Later that day, how 6 PM, review of the relan (ISP), dated Northe following "(requies while eating and dringuip, due to risk of sident's physician's creflect "finely chopped"	with the sal ated that c of vere to be e secure sn't have ever, at resident's vember re nking. I orders for d.		Individual # 1 was relocated to anoth on however his new Qmrp will ensure the day program provides the adequindividual #1. The Qmrp will report two (2) times weekly or as needed dimonitor the mealtime protocol in admonthly monitoring starting Additionnally, the Qmrp will train the nurse and staff on individual #1 diet Refer to attachment #2 In the future the facility will ensure the program provides individual #1 diet and the starting provides individual #1 diet and	nat ate services (to the day prouring mealting dition to the day program at the day	7-03-08 co ogram ne to 7-31-08
Health Regul	meats (moist with loation Administration	ow rat gravy)."		19B (If make we	sheet 13 of 23

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION DENTIFICATION NUMBER:			A. BUILDIN		(XS) DATE SURVEY COMPLETED	
	HFD03-0178			B. WING 06/2			/2008
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY,	STATE, ZIP CODE		<u>, </u>
			4316 ALAB WASHINGT				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
I 500	not implemented at On June 25, 2008, presented his lunch which included slice bread, ground toss sauce, fruit cocktai	rescribed dietary text i his day program. at 12:06 PM, Reside in plate at the day pro- ed turkey on whole w ed salad, peas in a c l and beverages. At	nt #1 was gram heat ream 12:14 PM,	1 500	Individual # 1 was relocated to anoth on however his new Omrp will ensure the day program provides the adequate	hat ate services t	
	the resident had fin sandwich. The turl the bread while the the sandwich. Usir turkey from the bre continued taking bi program nurse and lunch. She indicate his sandwiches which they are cut. She a occasion refuse to resident was obser After completing his resident spit severathe floor and then of Further interview was prescribed and fiber diet (ground not sandwich the floor and then of the floor and the floor	dished eating about 5 key was observed slice resident continued to a his fingers, he remad, put it in his mouth tes of turkey. The deved while he was eat ed that Resident #1 eole and will get angryalso indicated that he use a fork. At 12:16 yed to cough severals meal at 12:26 PM, all pleces of fruit cock coughed several time of the high resident with low freets - moist with low freets -	0% of the ding out of to bite into noved the h and ay ling his enjoyed / when will on PM, the l times. the tall onto es more. d that he at, high v fat		individual #1. The Qmrp will report to two (2) times weekly or as needed domonitor the mealtime protocol in additionally, the Qmrp will train the nurse and staff on individual #1 diet Refer to attachment #2 in the future the facility will ensure the program provides individual #1 diet a	o the day pro uring mealtin lition to the day program nat the day	gram
Health Requ	program provided I as prescribed. 3. Resident #1's p was not available for June 25, 2008, lunch was served a Styrofoam plate and difficulty eating with teaspoon. He resonant 12:11 PM, the S	no evidence that the Resident #1 with grown rescribed adaptive error use at his day program or at 12:06 PM, Reside at the day program or do with a plastic fork. In the fork, as well as orted to eating with his tyrofoam plate slid areating. There was no	quipment gram. ent #1's n a He had a plastic s hands. cross the		The Qmrp has ordered individual # equipment on. These adaptive equipment were produced the program		7-24-08 7-29-08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDIN		(X3) DATE SURVEY COMPLETED .		
•		HFD03-0178		B. WING _		06/27/	/2008
NAME OF P	ROVIDER OR SUPPLIER			-	STATE, ZIP CODE	,	`
RCMO	F WASHINGTON			BAMA AVE, TON, DC 20			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIES OF T	ULD BE	(X5) COMPLETE DATÉ
1 600	Continued From pa	age 14		1 500			
	specialized adaptive equipment being used at the day program. Interview with day program staff indicated no specialized eating equipment had been provided to the day program for the resident.				:		
	Also on June 25, 2008, there was an updated Occupational Therapy (OT) assessment, April 5, 2008, in which the OT documented that he had observed Resident #1 eating with his hand, and with his face down close to his plate. The OT also Indicated that the direct support staff had informed him that the resident often spllled his food when eating with the spoon. The April 2008 OT update included recommendations for Hi-Lo plate and the Dycem mat to prevent sliding. At the time of the survey, the Dycem mat was available for use in the home but not at the day program.						•
	handle with small tuse in the home or On June 24, 2008, 12:16 PM, review of Support Plan (ISP) revealed that he wand a spoon with a overloading of his date, the facility has maller bowl for us program. 5. The facility falle received an update hospitalized in Jan results for inclusion	rescribed spoon (build bowl size) was not averate his day program. beginning at approximate the side of Resident #1's Indiversity, dated November 21 as prescribed "a plate a smaller bowl to preventensil during mealtined not purchased spots in the home and at the doverify that Resided swallow study while uary 2008 and to obtain in the resident's recommendation.	imately idual I, 2007, e guard rent ne." To ons with day ent #1 e ain the		The Qmrp has ordered individual # equipment on. These adaptive equipment were pr day program		7-24-08 7-29-08
Hanley Barry	On June 24, 2008,	beginning at 7:31 AM	VI, review	<u> </u>			

GKHX11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN B. WING		(X3) DATE SURVEY COMPLETED		
		HFD03-0178		l		06/27	/2008
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY,	STATE, ZIP CODE	`	· j
RCMO	WASHINGTON		4316 ALAB WASHINGT			·	_
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG			COMPLETE DATE
l 500	been hospitalized very 2008 and again in 9:50 AM, interview Coordinator (IMC) Resident #1 was "I he was not aware this swallowing. At resident's chart revenech language a 15, 2007. The mostudy was perform to frequent respira 13, 2004 report indivithin normal rang however, had not I resident was unab required for evaluating the refore, had not June 26, 2008, aftindicated that the I updated swallow sthe hospital discharge.	revealed that Resider with pneumonia in Jan June 2008. At approwith the Incident Marrevealed that although or one to develop pneof any implications respected that the most reasessment was datest recent documentered on October 13, 20 tory infections). The licated that the oral place of the esophageal poeen viewed because le to tolerate the position. The assessment been comprehensive or the LPN Coordinates the LPN Coordinate	nt #1 had nuary ximately nagement ih umonla," garding the recent ed January d, swallow 004 (due October hase was ohase, ethe tion nt, or ed an , review of nuary 30,	1 500	Individual # 1 former nurse will con Manager or attorney to request the swallowining studies completed whil was a the hospital.	copy of the	#1 7-31-08
Health Regi	evaluations and is with advancement Further interviews evidence that the of report(s) of any been conducted w January 2008. In the hospital had at tolerance of food that defined what 6. Resident #2's prot implemented in According to Resident.	eating a pureed diet as tolerated to full di and record review refacility sought to obta swallow studies that thile he was hospitalized ditton, it was unclessessed the resident extures other than puthey meant by "full dieterscribed dietary textures dietary dieta	currently et." vealed no in a copy may have zed in ar whether s reed and et."				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATÉ SURVEY COMPLETED .			
		HF003-0178		B. WING	06/27/2008_			
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE	`		
RCMOF	WASHINGTON			ABAMA AVE, SE GTON, DC 20019				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE		
1 500	Continued From page 16			1 500				
	"finely chopped." On June 24, 2008, at 8:03 AM, the four residents were given 2 slices of reduced-fat turkey bacon with breakfast. Resident #2's bacon, however, remained in strips and had not been finely chopped. There was no evidence that the facility ensured that his foods were consistently served finely chopped, In accordance with POs.				All staff were inserviced on individu Refer to attachment #4 In the future, the facility will ensure #2 diet is implemented as prescribed	that individual		
	B. The facility falled to address timely Resident #2's repeated episodes of gagging and/or vomiting while taking large antibiotic pills. Cross-refer to I402. On June 24, 2008, at 6:19 AM, a direct staff person reported that Resident #2 "threw up his antibiotics" just moments earlier. The medication nurse reportedly had documented the incident in his record. This was later confirmed in the nurse progress notes. According to this same staff person, the nurse reportedly told her that they were "considering liquid medications instead." 1. The QMRP and LPN Coordinator were interviewed later that morning, beginning at 9:07 AM. Resident #2 reportedly chewed his medications. Initially, the LPN Coordinator said she thought the antibiotic pills, which were larger than a typical pill, might have "a nasty taste." Yet, moments later both she and QMRP stated that the resident "tolerates the chewing, taste" and had not complained. The antibiotics were prescribed for bolls on his legs. They reported he was treated for a similar eruption on his legs in April 2008. The first boils had cleared but new ones appeared in June. Neither the QMRP nor		at 6:19 Resident ints earlier. This was otes. e nurse ldering ere ig at 9:07 s ator said ere larger aste." Yet, ited that te" and ere eported he is legs in but new MRP nor	1	The LPN Coordinator spoke with the Footained an order for data collection # 2's medication tolerance for one determine if individual#2 has swallow. The medication nurses were inservice any incident of difficulty swallowing Refer to attachment #5. In the future, the nursing department physicain is informed of all the produring the medication pass.	n on individual week to ring difficulty. 7-28-08 ad on reporting medication. 7-31-08 ant will ensure		
	medications were	tor Indicated that liquideling considered and the gagging/ vom a concern.	d there					

GKHX11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM HFD03-0178		R/CLIA MBER:	(X2) MULT A. BUILDI B. WING		(X3) DATE SU COMPLE 06/27	IRVEY TED 7/2008	
NAME OF F	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY,	STATE, ZIP CODE	 '	.
RCMO	F WASHINGTON	ı		BAMA AVI		<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	'FULL	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
1 500	2. Nurse progress repeated choking, Resident #2. Furl revealed flurses of different administration been made award April. 3. There was no established an efficition the nursing response to the revomiting pills), to information to the 5. There was no effectively monitor tolerance. II. Based on intenfacility failed to en investigated by puraining on investigated	s notes from April Indigagging and/or vomither-review of the notes of different shifts had ration techniques; some pleces while others or evidence that the PCI rective means of commenter of the gagging and vident of the gagging and vident of the primary care physicial evidence that the QM red Resident #2's meaning that all incidents resons who had received that all incidents resons who had received the incident management and safety. The incident management incidents are sons who had received that all incidents resons who had received that all incidents resons who had received that all incidents resons who had received that and safety. The incident management incidents are all that all incidents resons who had received that and safety. The incident management incidents are all that all incidents resons who had received recei	ting by es used ne nurses did not. had romiting in lity munication ly cerns (i.e. evant an. IRP edication w, the s were ved nent policy, of incident i, Resident d injury he s reviewed	i 500	The LPN Coordinator spoke with the obtained an order for data collectic. # 2's medication tolerance for one determine if individual #2 has swalloom the medication nurses were inserviced any incident of difficulty swallowing Refer to attachment #5 in the future, the nursing department he physicain is informed of all the producing the medication pass. The medication nurses were inserviced any incident of difficulty ingesting into the nursing team, and the PCP of manner for appropriate and immediate intervention. The medication nurses were inserviced any incident of difficulty ingesting into the nursing team, and the PCP of manner for appropriate and immediate intervention. The QMrp will communicate with the coordinator on a daily basis to follow medication pass report.	on on individual week to wing difficulty. Sed on reporting medication. It will ensure roblems occur ed to report nedication in a timely late. Sed to report nedication in a timely late.	7-28-08 g 7-31-08

	ATÉMENT OF DEFICIENCIES O PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIN		(X3) DATE SURVEY COMPLETED	
		HFD03-0178				06/27	/2008
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	STATE, ZIP CODE		`
	WASHINGTON		4316 ALAE WASHING	BAMA AVE, FON, DC 21	0019 <u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
1 500	Continued From pa	age 18		1 500			
	The investigation report stated that he fell at 3:00 PM, whereas the incident report had stated that it had occurred at 5:25 PM. The investigation report indicated that staff had administered first aid, whereas the incident report showed the nurse had applied first aid (with no documentation that direct support staff had administered first aid).				;		
	chair had been in t Incident report indi	The Investigation report stated that the resident's chair had been in the dining room, whereas the incident report indicated the chair had been ocated in the living room. On June 24, 2008, the Qualified Mental Retardation Professional (QMRP) was interviewed at 8:44 AM. The QMRP stated that she had conducted the investigation, beginning that same day. The QMRP acknowledged having failed to sign and date the report. She acknowledged that the 3:00 PM time Indicated in the investigation report had been in error. She could not explain the discrepancy between the		 	The Qmrp was trained by the Incident Coordinator on the internal investigating Refer to attachment # 1a Furthermore, the Qmrp is scheduled for Management training with DDS on	on.	7-15-08
	Retardation Profesinterviewed at 8:44 she had conducted that same day. The failed to sign and dacknowledged that the investigation recould not explain the investigation of the second control of the			1	Refer to attachment # 1b In the future the governing body will the person conductiong the investigat eceived appropriate training in accord the facility policies. Furthermore, all investigation reports eviewed by the Incident Managemen	ion has dance with will be	
	applied first aid to what time.	tigation reports as to Resident #1's head, a	and at		The Qmrp was trained by the Incider Coordinator on the internal investigat Refer to attachment # 1a		nt 7-15-08
	facility's Incident M November 2007, n The Incident Mana "ensure that incide manner and that to signed Investiga by employees of R competency-bases conducted or appr	lanagement Policy, devealed the following	AM, review of the nt Policy, dated e following: ommittee (IMC) shall restigated in a timely cumented and be conducted only ave completed tive training		Furthermore, the Qmrp is scheduled for Management training with DDS on Refer to attachment # 1b In the future the governing body will the person conductiong the investigative received appropriate training in accorate facility policies. Furthermore, all investigation reports reviewed by the Incident Managemer	ensure that tion has dance with	8-06-08.

i

INME OF PROVIDER OR SUPPLIER RESIDENT AND STATES. STREET ADDRESS. CITY, STATE, ZIP CODE 4316 ALABAMA AVE, SE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:			A. BUILDII	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
XS ALABAMA AVE. SE WASHINGTON SUMMARY STATEMENT OF DEFICIENCIES MASHINGTON, DC 20019 PREPRY (EACH DEFICIENCY MUST BE PRECEDED BY FILL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FILL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FILL TAG (EACH CORRECTIVE AOTHON SHOULD BE DEFICIENCY EACH CONSTRUCTIVE AOTHON SHOULD BE DEFICIENCY TAG (EACH CORRECTIVE AOTHON SHOULD BE DEFICIENCY EACH CORRECTIVE AOTHON SHOULD BE DEFICIENCY TAG (EACH CORRECTIVE AOTHON SHOULD BE DEFICIENCY (EACH CORRECTIVE AOTHON SHOULD BE DEFICIENCY TAG (EAC			HFD03-0178		06/27/2008				
I 500 Continued From page 19 included in Investigation reports and further required that investigative reports "be reviewed and approved by RCM's IMC" At 11:34 AM, the CMRP acknowledged that she had not attended DDS training on conducting investigations nor had she attended a comparable, approved training for investigations. During the June 27, 2008 Exit Conference, at approximately 4.00 PM, the facility's Includent Management Coordinator, Program Coordinator and the Chief Operating Officer all acknowledged that the April 27, 2008 incident and/or investigation report had not been reviewed by the IMC, in accordance with the facility's policy. It should be noted that the facility's 911 policy included "Head Injury" in the list of medical emergencies for which 911 should be called. 911 had not been called when Resident #1 sustained a one-inch cut on the back of his head "with minimal bleeding" on April 27, 2008, at 5:25 PM. A nurse progress note indicated that by 7:00 PM, a medication nurse had assessed him, provided first aid treatment and the resident was not taken to the ER. III. Based on staff interview and record review, the GHMRP falled to ensure timely dental services for Resident #2. The finding includes: On June 25, 2008, at 6:01 PM, review of Resident #2's dental records revealed that to to #9 was tractured and needed restoration. The resident returned to the deed controlled.	•			4316 ALAB	AMA AVE	E, SE	· · · · · · · · · · · · · · · · · · ·	`	
included in investigation reports and further required that investigative reports "be reviewed and approved by RCM's IMC" At 11:34 AM, the QMRP acknowledged that she had not attended DDS training on conducting investigations nor had she attended a comparable, approved training for investigators. During the June 27, 2008 Exit Conference, at approximately 4:00 PM, the facility's incident Management Coordinator, Program Coordinator and the Chief Operating Officer all acknowledged that the April 27, 2008 incident and/or investigation report had not been reviewed by the IMC, in accordance with the facility's policy included "Head Injury" in the list of medical emergencies for which 911 should be called. 911 had not been called when Resident #1 sustained a one-inch cut on the back of his head "with minimal bleeding" on April 27, 2008, at 5:25 PM. A nurse progress note indicated that by 7:00 PM, a medication nurse had assessed him, provided first aid treatment and the resident was not taken to the ER. III. Based on staff interview and record review, the GHMRP failed to ensure timely dental services for Resident #2. The finding includes: On June 26, 2008, at 6:01 PM, review of Resident #2"c dental records revealed that on September 10, 2007, the dentist determined that tooth #9 was fractured and needed restoration. The resident returned to the dentist on March 10, 2008 and had his tectic cleaned and polished.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY	FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF	HOULD BE	COMPLETE	
assessment of tooth #9. At 6:05 PM, neither the Health Regulation Administration STATE FORM GKHX11 If continuation sheet 20 of 1	Health Reg	included in investig required that invest and approved by R QMRP acknowledg DDS training on contact had she attended a training for investig 2008 Exit Conferent the facility's Incident Program Coordina Officer all acknowl incident and/or investig tion and incident and/or investigation and incident acknowl incident and/or investigation resident acknowl incident and/or investigation and incident acknowl incident acknowl incident acknowl incident acknowl incident acknowl incident and/or investigation and incident acknowl incident acknowl incident and/or investigation and incident and/or investigation acknowl incident and/or investigation and incident and/or investigation acknowl incident and/or investigation and and/o	pation reports and furtigative reports "be resided that she had not and comparable, approximately in Management Coortor and the Chief Opedged that the April 2 estigation report had IC, in accordance with that the facility's 911 ury" in the list of med thich 911 should be old when Resident #1 the back of his head on April 27, 2008, at note indicated that by a had assessed him, and the resident was finterview and record to ensure timely denent #2. es: at 6:01 PM, review of the dentist determined and needed resident and pontion of the September the cleaned and pontion of the September 1:3	ther eviewed 34 AM, the attended ris nor yed ne 27, 4:00 PM, dinator, erating 27, 2008 not been the policy ical called. 911 sustained with 5:25 PM. 7:00 PM, provided not taken I review, tal of that on nined that toration. March 10, dished. er 10, 2007 selther the		that requires ER visit for evaluation mental status such as confusion and changes in speech or communand bleeding that can not be confutreatment. Refer to attachment # 6	on includes cha , loss of consci- nication, lacerat rolled with first	rige ousness ion aid 7-31-08	

Continued From page 15 tooth #9. The LI would check with the	-	4316 ALAE WASHING S FULL	B. WING RESS, CITY, S BAMA AVE, TON, DC 20 ID PREFIX TAG	STATE, ZIP CODE		
SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa QMRP nor the LPN of tooth #9. The LI would check with the	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SCIDENTIFYING INFORMA age 20	4316 ALAE WASHING S FULL	ID PREFIX	SE 0019 PROVIDER'S PLAN OF CORREC	TION	
SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa QMRP nor the LPN of tooth #9. The LI would check with the	MUST BE PRECEDED BY SC IDENTIFYING INFORMA 	WASHING	ID PREFIX	0019 PROVIDER'S PLAN OF CORREC		
Continued From page 15 tooth #9. The LI would check with the	MUST BE PRECEDED BY SC IDENTIFYING INFORMA 	FULL	PREFIX			
QMRP nor the LPN of tooth #9. The LI would check with the	-			CROSS-REFERENCED TO THE APPR DEFICIENCY)	TION SHOULD BE COMPLETINE APPROPRIATE DATE	
QMRP nor the LPN Coordinator knew the status of tooth #9. The LPN Coordinator added that she would check with the dentist to see whether there had been a problem with securing authorization from the funding source (Medicaid insurance). IV. Based on observation, interview and record review, the GHMRP failed to ensure adaptive mealtime equipment and failed to maintain in good repair a wheel chair for use by the Resident #1. The findings include: 1. On June 24, 2008, at 8:27 AM, Client #1 was observed to ambulate slowly while walking out to the van. Direct support staff provided physical assistance in and out of the group home and the day program. On June 26, 2008, a wheel chair was observed to the left of the basement door, outside. A 2-inch long section of rubber was missing from the right rear tire. At 4:55 PM, Interview with the Qualified Mental Retardation Professional (QMRP) revealed that the wheel			1 500	The follow up visit is scheduled for In the future, the LPN Coordinator, will attach a copy of the previous v to ensure that the dentist reviews t recommendations.	9-15-08 and Qmrp isit consult	
indicated that she the wheelchair nee review of Client #1 assessment, dated a recommendation while out on commindividual Support 21, 2007, "I ambul distances, and req for longer distance and the record revirequent communi	was previously unawaded repair. Subsequed repair. Subseques annual physical the November 17, 2007 of the form to use a when unity outings. According to the USP), dated Notate independently for uire the use of a when it is a located the clies. Interview with the lies outings with his ho	are that uent erapy (PT) ', revealed eel chair ding to the evember short eel chair e QMRP nt went on usemates. the client's		for individual #1 to obtain a new w The new wheelchair will be delivered residence. In the future the facility will ensure the adaptive equipment is in an operable	heelchair. to his new nat all of the	7-31 - 08
	#1. The findings included 1. On June 24, 20 observed to ambult the van. Direct surpassistance in and oday program. On was observed to the outside. A 2-inch keep missing from the chair belonged to continuous or commendation while out on commendation of the	#1. The findings include: 1. On June 24, 2008, at 8:27 AM, Clier observed to ambulate slowly while walk the van. Direct support staff provided plassistance in and out of the group homeday program. On June 26, 2008, a whomas observed to the left of the basement outside. A 2-inch long section of rubber missing from the right rear tire. At 4:65 interview with the Qualified Mental Retain Professional (QMRP) revealed that the chair belonged to Client #1. The QMRF indicated that she was previously unaw the wheelchair needed repair. Subsequively of Client #1's annual physical the assessment, dated November 17, 2007 a recommendation for him to use a whomas while out on community outings. Accordingly indicated the community outings with the and the record review Indicated the client frequent community outings with his how there was no evidence, however, that	#1. The findings include: 1. On June 24, 2008, at 8:27 AM, Client #1 was observed to ambulate slowly while walking out to the van. Direct support staff provided physical assistance in and out of the group home and the day program. On June 26, 2008, a wheel chair was observed to the left of the basement door, outside. A 2-inch long section of rubber was missing from the right rear tire. At 4:55 PM, Interview with the Qualified Mental Retardation	#1. The findings include: 1. On June 24, 2008, at 8:27 AM, Client #1 was observed to ambulate slowly while walking out to the van. Direct support staff provided physical assistance in and out of the group home and the day program. On June 26, 2008, a wheel chair was observed to the left of the basement door, outside. A 2-inch long section of rubber was missing from the right rear tire. At 4:55 PM, Interview with the Qualified Mental Retardation Professional (QMRP) revealed that the wheel chair belonged to Client #1. The QMRP further indicated that she was previously unaware that the wheelchair needed repair. Subsequent review of Client #1's annual physical therapy (PT) assessment, dated November 17, 2007, revealed a recommendation for him to use a wheel chair while out on community outings. According to the Individual Support Plan (ISP), dated November 21, 2007, "I ambulate independently for short distances, and require the use of a wheel chair for longer distances." Interview with the QMRP and the record review Indicated the client went on frequent community outings with his housemates.	#1. The findings include: 1. On June 24, 2008, at 8:27 AM, Client #1 was observed to ambulate slowly while walking out to the van. Direct support staff provided physical assistance in and out of the group home and the day program. On June 26, 2008, a wheel chair was observed to the left of the basement door, outside. A 2-inch long section of rubber was missing from the right rear tire. At 4:65 PM, Interview with the Qualified Mental Retardation Professional (QMRP) revealed that the wheel chair belonged to Client #1. The QMRP further indicated that she was previously unaware that the wheelchair needed repair. Subsequent review of Client #1's annual physical therapy (PT) assessment, dated November 17, 2007, revealed a recommendation for him to use a wheel chair while out on community outings. According to the Individual Support Plan (ISP), dated November 21, 2007, "I ambulate independently for short distances, and require the use of a wheel chair for longer distances." Interview with the QMRP and the record review Indicated the client went on frequent community outings with his housemates.	#1. The findings include: 1. On June 24, 2008, at 8:27 AM, Client #1 was observed to ambulate slowly while walking out to the van. Direct support staff provided physical assistance in and out of the group home and the day program. On June 26, 2008, a wheel chair was observed to the left of the basement door, outside. A 2-inch long section of rubber was missing from the right rear tire. At 4:55 PM, Interview with the Qualified Mental Retardation Professional (QMRP) revealed that the wheel chair belonged to Client #1. The QMRP further indicated that she was previously unaware that the wheelchair needed repair. Subsequent review of Client #1's annual physical therapy (PT) assessment, dated November 17, 2007, revealed a recommendation for him to use a wheel chair while out on community outings. According to the Individual Support Plan (ISP), dated November 21, 2007, "I ambulate independently for short distances, and require the use of a wheel chair for longer distances." Interview with the QMRP and the record review Indicated the client went on frequent community outings with his housemates.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		R/CLIA MBER:	A (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
HFD03-0178				G. WING		06/27/2008
4316 ALA			l		STATE, ZIP CODE	`
				LABAMA AVE, SE INGTON, DC 20019		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	DULD BE COMPLETE
I 500	citations W120 and available for use hi equipment (Hi-Lo p small-bowled spoomat) at the day prohad not yet purchas (with a built-up hand the spoon being us tablespoon-sized befood with each most v. Based on observeiew, the GHMRI intake in accordance dietary orders, for esample. (Resident The findings included 1. According to Re (POs), dated June included hypertensive in Amlodipine 10 mg was observed in the beginning at 8:03 A slices of toast with turkey bacon, a borcoffee, water and coffee, water and coffee, water and coffee wa	ederal deficiency report W484. Client #1 dies prescribed adaptive late with plate guard in with built-up handle gram. In addition, the sed a smaller-bowled die). At the time of the died had a larger, rowl which presented withful than was reconvention, interview and P failed to ensure nuce with residents' presente of the two resides: #2)	d not have e eating c, Dycem e facility d spoon he survey, more mmended. I record tritional escribed ents in the estantial scribed ents in the estantial scribed ents in the estantial scribed ents in the estantial escribed estantial escribed estantial escribed estantial escribed estantial escribed estantial escribed escontial estantial escribed escontial estantial escribed escontial	1 500	The Qmrp has ordered individual # equipment on. These adaptive equipment are cure facility	7-24-08 ntly in the 7-29-08 lient #2 diet client #2 diet ordity will
Health Repu	lation Administration		- Alvil / I	<u> </u>		

STATEMENT OF DÉFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(XS) DATE SURVEY COMPLETED			
HFD03-0178					06/27/2008			
					STATE, ZIP CODE	•		
			316 ALABAMA AVE, SE ASHINGTON, DC 20819					
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	CTION SHOULD BE COMPLETE THE APPROPRIATE DATE			
1 500	Continued From pe	ige 22		1 500				
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		Î	The facility management will ensure tems are purchased as indicated in th In the future, the house managemen ood items as ordered.	eir diet order 6-30-08			
Health Regu	lation Administration							

GKHX11

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0178			(X2) MULT A. BUILDH B. WING		(X3) DATE SURVEY COMPLETED			
			STREET AD	DRESS. CITY	STATE, ZIP CODE	0012	72000	
R C M OF WASHINGTON 4316 ALA WASHING			ABAMA AVE, SE GTON, DC 20019					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
R 000	INITIAL COMMEN	ITS		R 000				
	A licensure survey was conducted from June 24, 2008 through June 27, 2008. A random sample of two residents was selected from a resident population of four men with various degrees of disabilities. In addition, a focused review was conducted of a third resident's behavior support needs. The findings of this survey were based on observations at the group home and at two day programs, interviews with residents and staff as well as the review of clinical and administrative records, including incident reports.							
R 122	Except as provide facility shall obtain and shall either of District of Columb before employing of an unlicensed. This Statute is no Based on intervie GHMRP failed to checks had been	ed in section 4701.6, et a criminal background tain or conduct a chebia Nurse Aide Abuse or using the contract person. It met as evidenced by and the review of nemotion ensure criminal background before empt to services of an unlice	each nd check, eck of the Registry, services by: ecords, the ground loying or					
	Retardation Profe of the names of e documentation w criminal backgrou review of the mat information availa (S5); therefore, the	3, the Qualified Mentalessional (QMRP) was employees for which as needed to show event checks. On June erials revealed no perials for the House Matere was no evidence	given a list vidence of 26, 2008, rsonnel inager/		The house manager file is curre In the future the facility will en- personnel files information are upon request.	sure that all		
	ORFORESTORS OF PRO	IDER/SUPPLED REPRESE	ENTATIVE'S SIG	3NATURE	TITLE	VII	(X6) DATE	
ST\∉E FO!			1	G899	GKHX11) If continu	ation sheet 1 of 2	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIEF (X1) PROVIDER/SUPPLIEF (X1) PROVIDER/SUPPLIEF (X1) PROVIDER/SUPPLIEF		R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE S COMPLI	(X3) DATE SURVEY COMPLETED		
HFD03-0178				B. WING			06/27/2008	
l l					STATE, ZIP CODE			
R C M OF WASHINGTON			4316 ALABAMA AVE, SE WASHINGTON, DC 20019					
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY F TAG REGULATORY OR LSC IDENTIFYING INFORMAT			FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE COMPLETE IE APPROPRIATE DATE		
·	•					•		
Health Regula	ation Administration					•		